

- 2 Affiliate at Center for Superheroes
- 5 STS Intersection with Race and Culture
- 6 A Study of Measurement-Based Care
- 8 Youth Rockstar Award

A PUBLICATION OF THE NATIONAL CHILD TRAUMATIC STRESS NETWORK

NATIONAL CENTER/COLLABORATIVE HIGHLIGHT

Supplemental Grants Awarded in Support of Continued Services in Puerto Rico



A mural testifies to the resilience of the people of Puerto Rico, as painted by artists in the town of Yauco, PR.

It's been more than two and a half years since Hurricane Maria created widespread devastation in Puerto Rico. In the heart of the capital city of San Juan, in the mountainous northwest regions of the island, in university centers, and at rural pediatric practices, NCTSN agencies have been working steadily to deliver trauma-informed services to affected families and children, and to increase training among the service providers. In general, it is well-established that while 50% to 70% of people recover from disasters, another 20% to 30% will need ongoing services for their trauma-related issues. In fiscal year 2019, recognizing the persistent need for mental health services, SAMHSA awarded Supplemental Grants to three Category III NCTSN sites to enhance training in evidence-based assessments and treatments and to transition to long-term sustainability of services on the island. During an NCTSN Connects call this past January, presenters

from those sites summarized their work and shared lessons learned. The themes that resonated throughout the presentations coalesced around the importance of working with local partners; the ability to listen and take a culturally responsive approach to needs; and the need for sustainable services. All of these themes have taken on even more significance now as Puerto Rico endures multiple major earthquakes and deals with the COVID-19 pandemic.

Importance of Partners and Allies

Hurricane Maria was personal for Puerto Rico native Rosaura Orengo-Aguayo, PhD, Assistant Professor at the Medical University of South Carolina's National Crime Victims Research & Treatment Center in Charleston. As the hurricane was making landfall on September 20, 2017, Orengo-Aguayo received reports

>>> cont'd on pg. 4

COVID-19 Challenges: We're in This Together



The NCTSN and its partner agencies have been developing resources to help families and children deal with the emotional and economic challenges brought by the COVID-19 pandemic and the need to shelter in place. Turn to page 7 for a list of these resources and links to the NCTSN web site.

Peer Partnership Strengthens Bridging the Gap Program in NYC

[Editor's note: This page 1 column usually gives prominence to a long-standing Network member or youth contributor. With this issue, we are changing the column's focus from individual Network members to family-youth-provider partnerships.]

Lance Davis, currently Program Coordinator for the Bridging the Gap program at The Jewish Board in New York City, characterizes himself as a person who loves challenges and tackling barriers. He is a former resident of The Jewish Board's Kaplan House, an independent living group home for boys aged 16 to 21. "Kaplan House offered me a lot of services and challenged me to do things for myself," said Davis, who lived there from 2007 to 2010. Once he started college and began working to save money for life after discharge from Kaplan House, things began to fall into place for him. He opened his first bank account, and saved up everything until it was time for discharge. "At that point, I knew I was ready to be on my own."

Drawing on Strengths

After he became an alumnus of the program, Davis realized he had a part to play in encouraging others, and began mentoring some of the youth still living at Kaplan House. He drew on his strengths to help residents as they began to transition to their own living spaces. He modeled ways to bolster self-empowerment and resilience. Then, in 2017, one of the Kaplan House trainers

>>> cont'd on pg. 3

This project was funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services (HHS). The views, policies, and opinions expressed are those of the authors and do not necessarily reflect those of SAMHSA or HHS.

Welcome from the NCCTS Deputy Directors

We are writing to *IMPACT* readers from our home offices, instead of our National Center for Child Traumatic Stress offices at Duke University and UCLA. We are all making adjustments to keep ourselves and our families safe, and we trust that our readers are doing the same during this extraordinary time. COVID-19 is affecting all of us personally and professionally. It is presenting great challenges to the National Child Traumatic Stress Network and great risks to the children and families we serve across the United States. As we write this, it is becoming clearer that the most vulnerable among us are struggling, including communities disproportionately affected by racism, violence, and poverty. This makes the work of the NCTSN – to shine a light on the problem of child traumatic stress and to expand access to services, despite the new barriers of social distancing and the financial crisis that many of our organizations are facing – even more important.

This issue's stories should give us all hope that the good work goes on – from partnering with LGBTQ+ youth, to supporting providers of color with resources and tools to address their own secondary traumatic stress. The NCTSN has mobilized to respond to great challenges before, as in the aftermath of Hurricane Maria, described in this issue. The creativity and commitment of our members and partners continue to amaze us, and we trust you will find some inspiration and usable resources in these pages.

As always, the National Center staff and members of the NCTSN are here for you, and for each other, during this difficult time.

Sincerely,

Jenifer Maze, PhD
Deputy Director
UCLA Neuropsychiatric Institute

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

AFFILIATE CORNER

How Past Membership and Mentors Inform Affiliate Work

“In child trauma, you’re driven by the problem and not the discipline.” That’s one of the guiding principles that Michael D. Gomez, PhD, learned from his mentor, Barbara L. Bonner, PhD, founder of the Center for Child Abuse and Neglect at the University of Oklahoma Health Sciences Center. The center was an NCTSN Category II-funded site



Michael D. Gomez, PhD, of the Center for Superheroes, during a break from a trauma-informed care initiative for HIV orphans from Eswatini (formerly Swaziland).

from 2003-2007 and from 2012-2016. In the latter period, Gomez worked with his other mentor, Susan Schmidt, PhD, on a statewide TF-CBT initiative for Oklahoma. Throughout his internship, fellowship, and later faculty appointment at the Center for Child Abuse and Neglect, Gomez benefitted from the congruence of Bonner’s pioneering work and the mission of the NCTSN. Currently a nationally certified trainer in TF-CBT and CE-CERT (a model for addressing vicarious/secondary trauma in providers), he remains committed to the dissemination of evidence-based practices. He is Assistant Professor at the Center for Superheroes at Texas Tech University Health Sciences Center Department of Pediatrics, and Adjunct Professor at Texas Tech University Department of Psychological Sciences, in Lubbock, TX.

As an Affiliate partner and member of the Affiliate program Advisory Board, Gomez stays involved with the NCTSN and is one of the three national co-chairs for the Network’s Trauma and Intellectual and Developmental Disabilities (IDD) Workgroup. Even though Affiliate participation is not funded, it dovetails with the trauma work he directs at the Center for Superheroes, he said. “We are the only trauma-informed center in a 300-mile radius. We are solely committed to evidence-based practice for children and families.” But with access to the Network’s free resources on the Learning Center, the Resource Parent Curriculum, fact sheets, and handouts, “We do not have to recreate the wheel [when it comes to evidence-based practice].”

“In child trauma, you’re driven by the problem and not the discipline.”

MICHAEL D. GOMEZ, PhD, Center for Superheroes, Lubbock, TX

At the end of January, Gomez had the opportunity to attend the Rady Children’s/Chadwick Center 35th Annual San Diego International Conference on Child and Family Maltreatment, where he reconnected with many Network members. In his daily work, he finds that the ethos of the Network continues to resonate. He recalled a remark from Lucy Berliner’s conference presentation: Are the kids getting better? Are families okay? “That message is so simple and so obvious,” Gomez said, “but apparently so hard. Yet here at the Superheroes Center, our kids get better!” ■

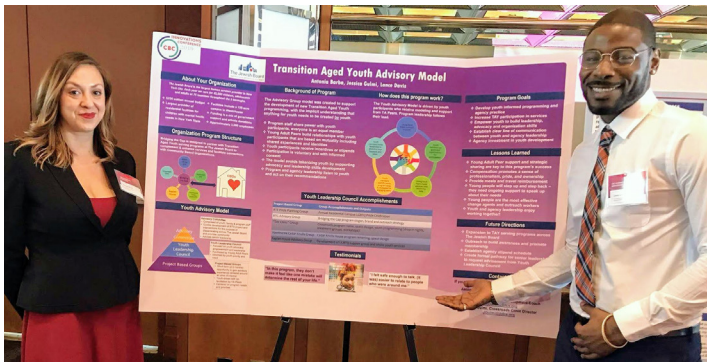
Bridging the Gap Program in NYC *cont'd from pg. 1*

recognized Davis's unique abilities to connect with other youth and recommended that he apply for the position of peer support specialist with the newly-formed Bridging the Gap program (which began with the 2016 funding cycle).

Antonia Barba, LCSW, who directs Bridging the Gap at The Jewish Board, "clicked" with Davis as soon as they met, and she hired him in May of 2017. By September of 2018, Davis was promoted to youth development coach. Now, as Program Coordinator, he mentors six to eight youth on a weekly basis, and has created a seven-week job readiness workshop for youth at the agency.

Program Shifts and Changes

Barba said that working with Davis has expanded the ways in which The Jewish Board functions. Acknowledging the value Davis brought to peer support services, the organization first created the positions for him as a senior peer specialist and then as a youth development coach with Bridging the Gap. In the latter role, Davis presented talks at conferences and trainings. When the Program Coordinator vacancy appeared, he decided it was time to apply. Davis encountered other challenges as he became more integral to the program. He sometimes perceived a disconnect between the voices of the youth and the organization's procedures. Sometimes, he said, he's had to push the organizational culture and structure to accommodate ideas from the youth development team. Lobbying to incorporate more direct input from the youth peers was sometimes a bit daunting, Davis recalled. "But I knew what my purpose and my goal was, so I had to stay strong."



Antonia Barba, LCSW, Program Director, and Lance Davis, Program Coordinator, Bridging the Gap, presented their poster, "Transition Aged Youth Advisory Model," at the Coordinated Behavioral Care Innovations Conference held March 13, 2019, at the New York University Kimmel Center for Life.

Barba's respect for this forthright quality is evident: "It takes a lot of courage to enter this profession, and to walk in and say, 'I'm going to put my hat in the ring for this job,'" she said. Working with Davis on the program brought about some soul-searching on her own part as well. "Whatever we are asking

"...I would urge others who wish to create partnerships like this to push themselves to learn what their clients and peer colleagues are experiencing."

ANTONIA BARBA, LCSW, Program Director, Bridging the Gap, The Jewish Board, NYC

our youth clients or our family clients to do in terms of taking chances, trying new things, and being open and authentic about what they're thinking and feeling, we should practice doing that ourselves." Barba pointed out that she is asking her workforce to bring their full selves and the history of their experiences to their work with clients. So, "the best way that I can understand what that experience is like, is to do that myself, to learn about strategic sharing alongside them and to figure it out together."

Other Partnership Successes

Last September, Davis led a panel for The Jewish Board leadership during a peer in-service training to "give leadership a first-hand view of what our work looks like," he said. Another example of the Barba-Davis collaborative approach is the Peers for Peers workgroup. That group meets once a month, with minimal support from trainers, and creates a safe space for peers to support each other without interference from their supervisors. Having that space is important, Barba agreed.

Because Davis has been both a recipient and a provider of services, he is able to empathize with his youth clients. For example, one recent alumnus of the Kaplan House was reluctant to continue contact with providers after leaving the group setting. Davis, understanding that the youth wanted his independence, was able to offer support when he was ready to reach out. With another client, Davis helped ease the anxiety of applying for work, setting up a schedule to show up and help the youth, step by step, to look for work. Another client applied for, was accepted by, and completed a nursing program.

Barba noted that she and Davis have partnered well since the beginning. "From a supervisory perspective," she said, "I would urge others who wish to create partnerships like this to push themselves to learn what their clients and peer colleagues are experiencing. You need to tap into those moments where you can actually hear what the challenges and barriers are. That's what has had a positive impact on not just our own relationship as partners, but our entire team culture." ■

Supplemental Grant Work in Puerto Rico *cont'd from pg. 1*

from her family there via WhatsApp. Early communication with the late Dr. Joy Lynn Suárez-Kindy and the Puerto Rico Department of Education spurred initial planning and real-time implementation of trauma-informed services. Orengo-Aguayo attributed the success of the team's efforts to their ability to link to and leverage local expertise. "It's not okay to helicopter in after a disaster" and dictate to locals, she noted.

Within three weeks after Maria, the MUSC team, including Michael de Arellano, PhD, Director, and Regan Stewart, PhD, Assistant Professor, of the Mental Health Disparities and Diversity Program, had arrived in San Juan and were using a Spanish-language translation of Psychological First Aid (PFA), assisted by NCTSN staff. The team listened to the needs of their Department of Education partners, and, in collaboration with Melissa Brymer, PsyD, PhD, NCCTS Disaster and Terrorism Program Director, tailored PFA sessions to allow teachers and social workers to first attend to their own trauma. After the initial visit to the island, the team began to deploy a three-tiered, trauma-informed, culturally sensitive intervention model, which included the Spanish translation of the NCTSN Hurricane Assessment and Referral Tool,

"We asked ourselves, when we received the supplemental funding, how we could provide the best trainings that would be used long after we were gone."

ADRIANA McCORMICK, PsyD, Project Director, Partners in Care

administered to more than 96,000 children 5-9 months after Maria. (That survey was published in *JAMA Network Open*.)^{*} During subsequent phases, the team, in partnership with the University of Puerto Rico's Department of Psychiatry, was able to train 48 school psychologists in Skills for Psychological Recovery, which had also been translated into Spanish and tailored to specifications from Puerto Rican providers. During the third phase of the intervention, Orengo-Aguayo and Stewart launched a telehealth pilot using Supplemental Grant funding in combination with a Mental Health Awareness Training grant from SAMHSA. The complete three-tiered model – its two-and-a-half year implementation and lessons learned – has been published in the *Journal of Family Strengths* (<https://digitalcommons.library.tmc.edu/jfs/vol19/iss1/7/>).

Assessing Local Needs

During implementation, the devastation and lack of basic services such as electricity and water hampered the work of providers. The challenges were even more daunting on the northwest part of the island. Andrew Fernández, Vice President of Programming, SGA Youth and Family Services of Chicago, worked with Project Coordinator Rosa Martinez

Colón, BA, MPH, founder of CALOR and also a native of Puerto Rico. When the supplemental grant was awarded, Fernández said the focus of their project, *Yo Creo En Mi* (I Believe in Myself), was to start from the community's needs and goals. Because Martinez Colón hailed from Arecibo, the project coordinators were able to connect with government agencies, schools, and the local Boys and Girls Club organizations. In less than three months, the project reached out to 12 municipalities, many of which were located in remote regions without access to public transportation or other means of travel for mental health services. As a result, 90% of providers' visits were home-based. Fernández noted that while many of the referrals for services were for children ages 6 to 18, the team discovered that older youth and family members also wanted to be part of the trauma-informed services. "Our individual sessions developed into family therapy sessions," he said. That type of engagement was accomplished with careful attention to families' initial reticence to participate, which had resulted from the lack of services for their children in the past, or a fear that their children were being labeled as problems. The team introduced social workers as a resource and worked hard to counter negative connotations and associations. Further work then went into preparedness issues: training families to be ready for emergencies; and addressing caregivers' self-care. As the MUSC team had observed, providers also needed check-ins, since they too had lived through the devastation of the hurricane.

Sustainability Is Key

Prior to the supplemental grants, Baystate Medical Center had been working to increase the culturally sensitive, trauma-informed workforce by providing TF-CBT training in the New England area and to graduate students in Puerto Rico. The latter work took place in collaboration with Gilda Rodriguez, PsyD, of Carlos Albizu University, who continues as a Project Coordinator for Partners in Care. Adriana McCormick, PsyD, who joined the team as Project Director, recalled, "We asked ourselves, when we received the supplemental funding, how we could provide the best trainings that would be used long after we were gone." The team decided that increasing trauma-informed expertise in Puerto Rico was crucial. First, they sponsored three clinicians from the University of Puerto Rico to train on the NCTSN's Core Curriculum on Childhood Trauma; and three psychologists from Carlos Albizu University to become trainers in the SAMHSA-funded Project FORECAST, a problem-based learning simulation developed at the University of Missouri-St. Louis. Equally important was the training of seven TF-CBT supervisors. With supplemental funding, Partners in Care was able to provide TF-CBT training for 104 clinicians, adding to the 161 clinicians who had already been trained.

Throughout the process, McCormick said, "we have really focused on what they [our Puerto Rican partners] tell us they need." To address the integration of mental health services within primary care, Partners in Care designed a pediatric primary care learning collaborative, modeled after the

>>> *cont'd on pg. 7*

Guidance for the Intersection of Secondary Traumatic Stress, Race, Culture, and Historical Trauma

The NCTSN Secondary Traumatic Stress Collaborative Group has over the years developed core competencies, fact sheets, and other guidance for supervisors of child-serving professionals who are addressing the occupational risks of STS. The group's latest product, *Secondary Traumatic Stress: Understanding the Impact on Professionals in Trauma-Exposed Workplaces*, also called the STS Slide Deck, aims to be an accessible tool for any trauma-exposed workplace. According to its developers, collaboration with other NCTSN working groups resulted in richer content on the intersections of STS with culture, race, and historical trauma. The product will be released soon.

Gaps in Cultural Content

For clinicians and providers of color and for providers with marginalized identities, STS takes on additional complexity. For example, a Spanish-speaking provider may be tasked at her agency with providing a big share of translation duties without additional pay or supervisory support. She may feel



even more distressed by her clients' traumas if she has shared similar experiences. STS group co-chair Raven E. Cuellar, PhD, Assistant Professor in the Department of Psychiatry and Behavioral Sciences, and Project Director, ACTION Childhood Trauma Clinic, University of New Mexico, said "the example that comes up over and over again is that

a provider of color has an accumulation of wounds from daily microaggressions and feeling silenced or left out of conversation." That person may be reluctant to bring up such issues, out of fear of being labeled as "too sensitive." While the STS core competencies address cultural components, there was not much explicit guidance for addressing the intersection of race, culture, and STS. Alison Hendricks, LCSW, an NCTSN Affiliate and STS group co-chair, noted, "Supervisors oftentimes do not get any training or support dealing with issues that may be difficult to talk about." Hendricks noticed this gap when Fresno, CA, supervisors identified a need for more information on the effects of race, historical trauma, and implicit bias on STS at the individual and organizational levels.

Work on the STS slide deck and facilitators' guidance document had begun in 2018, and continued following a webinar the group hosted for the Office of Refugee Resettlement. The slide deck did include a vignette about a Latinx female therapist who was experiencing work- and culturally related STS. The STS group decided to host a discussion salient to the issues of race, culture, and historical trauma, and organized an invitational call with other NCTSN

colleagues to solicit their expertise and perspectives. The call took place in May 2019 with the participation of invitees Sandra Chase, MSW/ACSW, Co-Chair of the NCTSN Culture Consortium, and Adjunct Professor for the Columbia School of Social Work and for Antioch University Los Angeles; Shannon Crossbear, an enrolled member of the Fort William First Nation of the Lake Superior Ojibwa, and an adjunct faculty member of the Georgetown University Center for Child and Human Development Leadership Academy; and NCTSN Affiliate member Adriana Molina, Interim Chief Program Officer at Allies for Every Child in Los Angeles.

A Group Effort

The consensus after this call and further conversations with the Culture Consortium was that more vignettes were needed to open up discussion around other racial and ethnic identities. Megan Clarke, MPH, Network Liaison for the Site Integration and Collaboration Program, UCLA-Duke University NCCTS, credited Chase and Crossbear as crucial partners during this process. So, to the deck's original vignette – Alex, a 45-year-old first-generation Mexican American woman – they added Toni, an African American woman, and Tobey, a Native American man. Each composite vignette was designed to illustrate how the additional layer of trauma affects STS. Finally, another vignette – about Kelly, a 50-year-old Caucasian child-welfare supervisor – was added in response to feedback from Chase and others, to illustrate the disconnect that can exist when a supervisor wants to support a staff member of color but does not feel equipped to navigate issues related to race. The Culture Consortium also hosted three monthly calls devoted to discussions around best practices for including race, culture, and historical trauma in STS training.

Preparation for Trainers

The process of review, feedback, and augmentation of the STS training materials has been a rich and rewarding experience for all involved. Both the STS group and the Culture Consortium intend to keep these conversations going. "The STS group was very gracious, and listened to my comments and concerns," Chase said. Crossbear agreed: "They did hear the importance of adding this layer in terms of the complexity of secondary trauma in certain populations."

Mitigation of the effects of STS requires intentional planning, training, and thoughtful self-reflection. The facilitator's guidance document that accompanies the slide deck emphasizes self-reflection as a necessary preparatory step before offering training, and suggests resources for the trainer to review prior to training. Crossbear also advocates for partnerships between trainers of color and others, which can lend authenticity to the presentations. It's important, she emphasized, to "be aware that things will come up for you [during these conversations] and to allow yourself to be mindful and present." ■

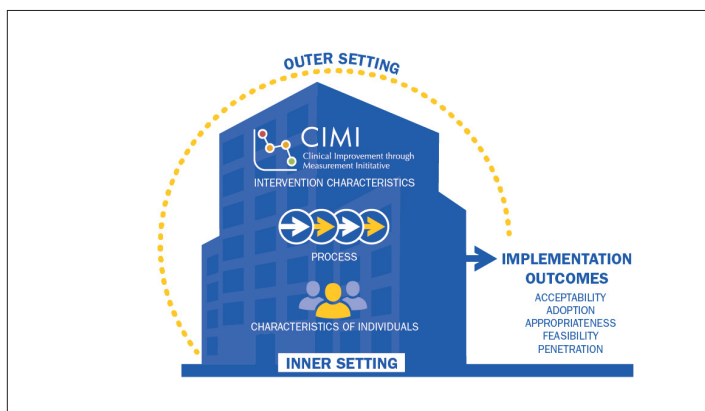
Study Evaluates How Best to Implement Measurement-Based Care in Child-Serving Settings

Measurement-based care – the ability to assess how clients are doing in therapy, and using those measurements to guide treatment – is gaining traction in mental health care delivery systems. While measurement-based care (“MBC”) is well established and continues to inform effectiveness of treatment in adult settings, child-serving agencies face unique challenges when adopting this model. The Clinical Improvement through Measurement Initiative (CIMI) of the National Center for Child Traumatic Stress was designed by the Center’s Data and Evaluation Program to support the use of MBC with a comprehensive mental health assessment protocol combined with real-time mobile technology. The assessment builds on the NCTSN Core Data Set and captures clients’ demographics: living situation, functional impairment, services received, duration and frequency of trauma exposure, and emotional and behavioral symptoms.

Many factors influence an agency’s decision about whether to implement MBC and how successful its adoption will be, noted Carrie Purbeck, MHA, CPHQ, Improvement Advisor with the NCCTS/Duke University Data and Evaluation Program. Some of those factors are external, having to do with such things as client needs, policies, and incentives. A site’s inner setting (see Figure), which takes into account compatibility with existing systems, staff characteristics, and organizational readiness, may also affect the implementation process. But there has been a dearth of research about the feasibility of adopting MBC in child-serving agencies. Purbeck is the lead author on a pilot study (published online August 12, 2019, in *Psychological Services**) that summarizes the CIMI developers’ evaluation of how measurement-based care is best implemented in child-serving settings.

Pilot Study Participants

All past and present NCTSN grantees were invited to participate in the pilot study. The selection criteria included the type of care setting, as well as organizational readiness.



Ways to visualize factors that influence the implementation outcomes of measurement-based care.

Regarding the latter, for example: did the grantee sites have the ability to meet technology requirements for the CIMI system, and were they committed to redesigning clinical practice to use measurement to guide care? According to Purbeck, NCCTS Data and Evaluation Program staff often spend quite a bit of time on the exploration phase of implementation. Sites learn, she said, that there is really good evidence that implementing measurement-based care is important for clients and clinicians. But the pilot sites were also cautioned that before they took on the commitment, they needed to “understand what resources should be in place.” Of 11 centers that applied to participate, 7 were selected from across the country. These centers have 10 to 15 clinicians serving 140 to 380 clients per year. There were three community-based mental health centers, and four agencies which provide treatment and support in specialized settings (one outpatient substance abuse treatment program, one domestic violence shelter, one Children’s Advocacy Center, and one residential treatment facility).

Pilot Study Stages

Each pilot site was responsible for obtaining institutional review board approval prior to participating in the study. For 13 months, Data and Evaluation Program staff led monthly WebEx meetings to direct sites on implementation of measurement-based care. The first three months of the web-based meetings focused on establishing role expectations; learning the assessment protocol; and finding the most effective ways to incorporate CIMI into clinical care. Teams developed and practiced “elevator speeches” to help clinicians explain to families and children how the mobile-based assessment would work and its role in their treatment process. In this way, clients are more likely to engage with the process.

Each agency’s implementation plans were customized to meet their needs. For example, the mobile devices (tablets) were tested to ensure ease of use for the clients and families, and real-time scoring of assessment was used to further engage clients in the results. Purbeck said the CIMI support team works with agencies to design strategies for establishing client engagement and trust: “We’ve coached agencies on how to answer such questions as, ‘Where is my information going? Who has access to it?’ and ‘Why do I have to use this thing?’” Regarding the latter issue, she said, clinicians can explain that clients will be able to see the results of assessments right away. So if one domain shows an indication of distress, then the client and clinician might agree to work on that particular area in the next sessions.

Feasibility, and Lessons Learned

After a period of 13 months the study authors gathered survey and focus group evaluations from participants. The implementation staff found that the CIMI experience varied

>>> cont’d on pg. 7

Measurement-Based Care in Child-Serving Settings *cont'd from pg. 6*

according to type of setting. In general, community-based centers were more likely than the specialized sites to report achieving full implementation of MBC. This may have been due to the fact that specialized settings – such as a domestic violence shelter – had difficulty implementing assessment in the midst of many other immediate client needs. Factors working in favor of implementation, regardless of setting, included having a strong internal champion at the agency who supported the work. Purbeck said that the results of this pilot study have pointed out some future directions for the implementation team. For example, the ability to customize assessment content to individual settings, thus ensuring compatibility of MBC with current practices, will likely lead to greater rates of full implementation success. ■

*Purbeck, C. A., Briggs, E. C., Tunno, A. M., Richardson, L. M., Pynoos, R. S., & Fairbank, J. A. (2019). Trauma-informed measurement-based care for children: Implementation in diverse treatment settings. *Psychological Services*. Advance online publication. <https://doi.org/10.1037/ser0000383>

Supplemental Grant Work in Puerto Rico *cont'd from pg. 4*

Johns Hopkins/NCTSN Learning Collaborative. Utilizing faculty from across the United States, six teams were selected, some based in urban San Juan and some in rural areas. The first session, in May 2019, trained participants on the Plan-Do-Study-Act cycles, and teams presented their progress on the project during the second session, in November 2019. Although the learning collaborative has ended, some of the teams continue to meet with their respective faculty members, McCormick said. Since the late 2019/early 2020 earthquakes and the pandemic crisis, plans for in-person trainings have shifted to a virtual delivery plan. Baystate team members continue their support in Puerto Rico: just last week, they provided a training on strategies for self-care for TF-CBT clinicians, conducted by Yahaira Márquez, PhD, from Rowan University in NJ.

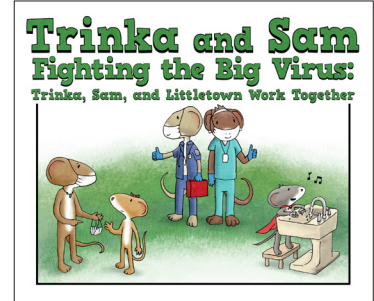
Video and telehealth are now more prominent features of trauma-informed care on the island. Orengo-Aguayo reported that her MUSC team has now delivered three telehealth webinars in Puerto Rico, and, with Regan Stewart as team lead, has launched a telehealth resource, in English and Spanish (www.telehealthfortrauma.com), for TF-CBT clinicians to access resources. McCormick noted that her Puerto Rican colleagues, with whom she is still in contact, are thankful that despite the natural disasters and public health crises, the training in trauma they received means they are now prepared to support patients in the best way they can.

We're in This Together...

We've generated a wealth of resources to help families, children, and those serving them during this coronavirus crisis.

On our Public Health Resources page, you will find

- Parent/Caregiver Guide to Helping Families Cope with the Coronavirus Disease 2019
- Age-Related Reactions to a Traumatic Event, a fact sheet
- A series of fact sheets, Coping in Hard Times, about the financial challenges associated with sheltering at home (there are specific fact sheets for parents, youth of high school and college age, community organizations and leaders, and school staff)
- Supporting Children During Coronavirus (COVID-19), a fact sheet
- Skills for Psychological Recovery (SPR) Online
- Simple Activities for Children and Adolescents
- *Trinka and Sam Fighting the Big Virus: Trinka, Sam, and Littletown Work Together*, a special resource with a companion booklet of questions to facilitate talking to children about the pandemic. The booklet is now available in Spanish and Chinese.



All of the above resources are accessible at <https://www.nctsn.org/what-is-child-trauma/trauma-types/disasters/pandemic-resources>

The work in Puerto Rico will continue as sites partner with their Puerto Rican colleagues and with other NCTSN sites. According to Melissa Brymer, who led January's NCTSN Connects call, "this shows that when we work together, even under difficult circumstances, we can expand the access to services and raise the standard of care for children, families, and communities impacted by trauma and loss." ■

*Orengo-Aguayo, R., Stewart, R., de Arellano, M., Suárez-Kindy, J., & Young, J. (2019). Disaster exposure and mental health among Puerto Rican youth after hurricane Maria. *JAMA Network Open*, 2(4): e192619.

Youth Task Force Co-Chair Named Youth Advocate Rockstar by MOVE

The passion for their work with youth burst out during conversation with Alex Barker, who had just received a Rockstar Award – as the Tricalouise Gurley-Millard Youth Advocate of the Year – from Youth MOVE National. Barker lives in Raleigh, NC, and currently manages the youth outreach program for the Wake County Teen Court, a diversion program created to offer youth offenders a second chance to expunge their records.

Before that job, Barker worked in rural North Carolina with the state's Cooperative Extension 4-H program, providing group services to youth experiencing behavioral health concerns and educating community members on child trauma and youth mental health. "I used to be a 4-H kid myself," Barker said, "and looking back on that experience I can see that its positive aspects can be a protective factor." But as someone who identifies as an LGBTQ+ person, Barker recognized from their personal and professional experience that there is often a gap in 4-H's ability to effectively work with LGBTQ+ youth. Realizing an opportunity to make an impact, Barker partnered with Maru Gonzalez, EdD, an Assistant Professor in the Agricultural and Human Sciences Department at North Carolina State University, and began a research project to investigate training that could help staff acquire tools and resources to help them work more effectively with LGBTQ+ youth. "The more 4-H grows, I want to help start to shift the change to being more inclusive and celebratory of LGBTQ+ youth," Barker said.



Alex Barker, of Raleigh, NC, manages the youth outreach program for the Wake County Teen Court.

It was through the NCTSN Youth Task Force that Barker met Megan Clarke, MPH, Network Liaison, Site Integration and Collaboration Program, UCLA-Duke University National Center for Child Traumatic Stress. Recalled Clarke, "I was not only struck by Alex's incredible vision for this work, but also their ability to gain buy-in from leadership, to pull together a strong team, and to facilitate meetings to move the project forward into implementation." For the past two and a half years, Barker has been involved with, and is currently co-chair of, the Youth Task Force, helping to expand plans to branch out from once-a-month meetings to connect with other Network groups on specific projects. Barker has now forged other partnerships in Raleigh as part of their Teen Court work. For example, coming full circle from their 4-H roots, Barker has been responsible for incorporating 4-H as a partnering agency to which teens can be referred for completing their court-mandated community service. Barker previously worked as a peer support specialist, and continues to advocate for youth peer support: "It's imperative to incorporate young adults with lived experience and expertise in supporting other youth through their recovery." ■

Do you want to receive future IMPACT newsletters?

Email: newsletter@nctsn.org

In Memoriam

The NCTSN community was saddened to learn of the death of Claude M. Chemtob, PhD, 69, of New York City and Honolulu,



Clinical psychologist Claude M. Chemtob, PhD, was a pioneer in research on child and family trauma.

HI, on December 19, 2019. Dr. Chemtob, who earned his PhD in clinical psychology from the University of Michigan, was born in Alexandria, Egypt. He was a pioneer in research on the impact of trauma on adults and children exposed to disaster and

terrorism. He conducted groundbreaking studies of preschool children and their mothers following 9/11, and developed school-based interventions and treatments for children and adults with posttraumatic stress in the aftermath of natural disasters. He published widely on culture and trauma, and held multiple academic appointments during his distinguished career, including Professor of Psychiatry and Child Psychiatry at New York University School of Medicine. John A. Fairbank, PhD, NCTSN Co-Director, Duke University School of Medicine, said of his colleague: "Claude instinctively understood the value and power of coalition building to improve the standard of care for traumatized children and families. He was a great friend to the NCTSN." ■

About IMPACT

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

Managing Editor: Gretchen Henkel

Consulting Editor: Melissa Culverwell

Design & Layout: Sue Oh Design

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