Winter 2020

Parents & Practitioners

The FRIENDS National Center for CBCAP Parent Advisory Council Newsletter

Inside This Issue...

Undercover Broccoli: Harnessing Summer's "Magic" to Build Resilience, Safety, and Stability for Children at Risk

Broccoli. Homework. Sleep. Baths. Structure. To the nurturing parent, these words call to mind the eternal goal of raising rested, nourished, educated, and well-adjusted children. But, to our children? It's certainly not difficult to imagine the facial expression of any seven-year old to whom these benefits and resources are proposed. The older and wiser among us may recognize the importance of vitamin enrichment, brain health, attention to hygiene, and diligent focus on learning, but the children who would voice their enthusiasm for these concepts are…shall we say, limited in number.

For children's services professionals, the stakes in supporting the healthy growth and development of the children we serve are much higher. The social workers, educators, therapists, child psychologists, early childhood experts, and child welfare professionals among us can only wish that we had seen fewer examples of the toll that trauma, neglect, domestic violence, substance abuse, and poverty can have on the youth we strive to help. For these children, the "broccoli" that they lack access to may not only be of the short and green variety. Positive, invested role models, well-supported parents, housing and financial stability, violence-free homes, personal safety, and educational attainment are the nutrients that lend themselves to positive youth mental health. As each of these foundations become less stable, so tdoes the likelihood that children and youth will have adequate coping mechanisms and emotional stability to combat the increasing stressors they face.

Mental health concerns among children-at-risk run far deeper than storied anxieties about monsters under the bed. Research has taught us that instability, including financial instability and poverty, has a physical impact on child development to such an extent that it has been called today's leading pediatric problem. The World Health Organization has determined that "poverty is the single largest determinant of health for both children and adults."[1,2] Jacovljevic, Miller, and Fitzgerald, in their analysis of children's mental health issues in British Columbia, cited research that an estimated 12.6% of children at any given time are experiencing a mental health disorder. The American Academy of Pediatrics notes that children make up 33% of all people living in poverty, and "poverty has been consistently linked with poor health and increased risk for psychological

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Undercover Broccoli

disorders in children and adults that persist across the life span,"[3] with certain socioeconomic factors, including geography and race, significantly compounding the barriers and risks. The lingering stigmas surrounding help-seeking for mental health concerns are heightened among parents of children living in poverty, particularly those for whom perceived negative intervention by Children's Protective Services is a perpetual fear.

As a small, rural child abuse and neglect prevention organization, the Newaygo County Council for the Prevention of Child Abuse and Neglect (NCPCA), a local council of the Michigan Children's Trust Fund, has long recognized that improving child well-being in our community (and increasing child safety) does not rest solely in the hands of child protection or mental health professionals (though we partner closely with each of them). Recognizing that some families may resist engagement in formal services (and that other families may need a supplement to the services they are already receiving) NCPCA has responded to the community's need for a positive, productive, and fun setting to enrich our children, while quietly feeding them the trauma-informed, protective factors-based "broccoli" we need them to absorb.

At first glance, NCPCA's annual Summer Magic program may be perceived by an unfamiliar community member as an 8-week summer day program for an incredibly low cost (8 weeks of programming at 6 hours per day, 4 days per week cost a grand total of $55 per child last year). Upon closer inspection though, those familiar with research-based protective factors such as teaching life skills, and bridging the education gap, will quickly identify the true aims of the daily speakers, activities, field trips, hands-on practical education, and parent support provided by the organization: strengthening our children's resilience and reducing risk factors. Whether educating groups of children about substance abuse prevention in a sunny field, connecting children with the natural environment through snorkeling lessons sponsored by the County Parks program, teaching basic cooking skills and holding cooking competitions in partnership with nutrition programming professionals, building positive relationships through interactions with law enforcement professionals and first responders, learning about basic health care, visiting local businesses to learn about entrepreneurship, or volunteering in the community, each child participant in Summer Magic will leave the program better connected to their community, better exposed to new information and skills, and with a foundation of healthy recreation and positive social connections shoring them up as they move closer to the new school year. And their numbers are growing! Last year, NCPCA was stunned and overjoyed to see a 24% increase in registrations and a 43% increase in overall program utilization. Our tenacious and dedicated staff reached 488 individual children in 2019, with daily attendance totals over 8 weeks exceeding 1800 participants. In a rural county with a child population (ages 6-17) of around 11,000, that means we're directly interacting with 6.3% of the children in our county every day.[4] We're blown away.

But the best part – if we do say so ourselves – is that most Summer Magic participants will never realize that they've engaged in activities designed to strengthen their mental health, prevent abuse and neglect, and counteract the effects of poverty. They won't realize the research that goes into choosing the connections they'll make and the skills they'll learn. They won't overhear the conversations happening all over our community networks about how to engage Newaygo County's residents and resources into building up its children. It won't occur to them that the free 'school' lunches they receive every day of programming are not just a summer perk, but a targeted effort toward ensuring adequate nutrition and providing financial respite for families. They will, in other words, have no idea that they've been fed "broccoli."

But the experiences, the fun, and the sunshine? They'll remember that for a lifetime.

Submitted by: Jill Mikula and Tara Nelson, Newaygo County Council for the Prevention of Child Abuse and Neglect

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[1] Jacovljevic, I., Miller, A. & Fitzgerald, B. (2016) Children's mental health: Is poverty the diagnosis? BC Medical Journal, v. 58, n.8, pp. 455-459.

[2] World Health Organization. Poverty and social determinants. Accessed 28 July 2016. www.euro.who.int/en/health topics/environment-and-health/urban-health/activities/poverty-and-social-determinants.

[3] Gupta RP, de W 3 Pediatrics. 2017 Jan; 139(1): e20151175.

[4] Kids Count for Newaygo County, Michigan, based on 2015-2016 data. Annie E. Casey Foundation.

Wellness and Resilience for Youth in Our Digital World

Over the past several years, there has been a shift across the nation in our conversations about children and youth mental health and how to address it. The shift from viewing mental health as a disease you treat to now being a part of overall well-being.

Our community, Washtenaw County in Michigan, has determined this conversation must now lead to action and truly transform the way in which we perceive mental health, particularly for youth. The only local child abuse prevention Council designated by the Michigan Children's Trust Fund, Washtenaw Area Council for Children (WACC), has partnered for years with several area suicide prevention and trauma awareness coalitions.

After several critical conversations centered around transforming perceptions and identifying ways to become more trauma-informed in our approaches, WACC determined it was time to design a program that supports youth wellness and resilience as it relates to mental health and cyber safety.

As reported in the Michigan Medicine's Community Health Needs Assessment, data shows that in 2016, the average Washtenaw resident reported 3.8 mentally unhealthy days in the past 30 days. When assessing youth in Michigan, 32% of high school students reported on the Youth Risk Behavior Survey (YRBS) in 2015 having feelings of depression. The Michigan Violent Death Reporting system shares the most common circumstance that contributed to suicide was a mental health problem.

The WACC *Wellness and Resilience* Program was developed to increase awareness among students regarding mental health and how the digital world affects it. Congruently, the Cyber Safety, Bullying and Cyberbullying programs focus on teaching children and youth from elementary through high school to be safe online and promote healthy behaviors. This new component addresses a gap parents and professionals were seeing in the community and provides a compliment to other prevention messaging.

In 2018, WACC developed this comprehensive student classroom workshop that is age appropriate for middle and high school students. The topics covered include: mental health and stigma, anxiety, depression, substance use, self-harm and suicidal ideation, the digital world and how it impacts mental health, and coping; and the program provides supportive mental health resources.

The *Wellness and Resilience* workshop has been implemented 9 times and has impacted 267 students. Participants have reported during the workshop that they "don't feel it's fair" (referring to mental health problems) and that they are "afraid to talk with someone" at their school or a professional because "others will think they are weird". Positive results of the workshop show students are able to explain, when left untreated, the negative effects of stress, anxiety, and depression. The overarching skills developed throughout the program guide students to identify and use resilience techniques as it relates to technology and self-care, and provide support toward their peers.

The *Wellness and Resilience* program is well received by students, teachers, and administrators. As WACC continues to grow and develop the *Wellness and Resilience* program, there will be concentrated efforts to provide the program to adults in the community, parents and professionals alike. If we are to truly transform the stigma of mental health for youth, and support their desires to increase their total well-being, the message will need to reach all of those that surround them.

Submitted by: Michelle Walters, Washtenaw Area Council for Children

Let's Talk about Dad's Mental Health:

An Interview between Anthony Queen, FRIENDS PAC Member and Dr. Casilda Maxwell

1. Why is there such a stigma concerning asking for help, and keeping it a secret once a man gets help, especially in the African American community?

In order to answer this question, one would have to consider the history of the black family through the years. Black families have been broken up from the time of slavery, segregation, and institutional slavery, like the pipeline from school to jail. You also must consider what has happened to black men historically in the medical field, a perfect example is the Tuskegee sexually transmitted disease experiment and the over diagnoses of paranoid schizophrenia in black men. There is also a long historical stigma in the black community that there are only white professionals in the health field, although this is not completely true today.

When a black man asks for help, it is as if he is admitting he is weak, he cannot provide, and/or he is allowing someone to control him. It feels as if someone is telling him how to live and how to take care of his family. There is a stigma that black men have to be able to "take the blows," "roll with the punches," "man up," and "don't let them see you sweat" in society, rather than "break down" or do stuff "that is for white people" and get help. Some believe professionals will not consider all the factors (racism, personal biases, cultural challenges/limitations, etc.) they face daily. When a black man does get help, it's mainly kept a secret because he does not want to be seen as weak, incapable, a sell-out to the system, broken, being an "Uncle Tom", and the like. There is also a significant part of the male population that is getting help, but they are often court-mandated, which is something they will keep secret. Black men may also keep the secret of receiving therapy services due to a fear of losing respect from others, especially their family (wife, siblings, extended family).

2. Has there been a concerted effort to get the "word" out that men should/can ask for help and not feel less than a man, especially within the African American Community?

I believe there are concerted efforts to get the "word" out, but it depends on who is spreading the word. This depends on the community in which the individual resides, socio-economic status, and what entity is spreading the word to what community. Is the word being shared by people that the "black community" identifies with or are they seen as outsiders, untrusted outsiders. This makes a big difference in how the "word" will be received and how services will be used.

3. Does Pine Rest team up with different organizations to combat the stigma?

Pine Rest partners with organizations throughout our region and participates in many walks, information fairs, and conferences on all sorts of topics related to mental illness and substance use issues. Pine Rest clinicians host information tables at these events and can answer questions about our services. They also have materials about all the different services and programs.

4. What do you think it will take to remove the stigma locally and nationally?

As much as we want to believe this burden is only on mental health professionals, it isn't. Stigmas start with the larger system, all the way up to national politics and policy (which is also an issue because there is a significant lack of trust in larger systems from the black community). If there is greater awareness and buy-in, and if resources are available in schools, churches, and other organizations that serve the black community, you may see more of a shift. Also, less push for psychopharmaceutical treatment and an increased push for short-term or long-term psychotherapy. Currently, I believe there is growing awareness developing in the millennial generation, but use of services are still not common. There is a significant need for black mental health professionals to serve in predominately black communities, which would decrease stigma and increase participation, and develop healthier communities.

5. Are there discrepancies in the number of black and white men who participate in treatment?

There are significant discrepancies between the number of white men and black men being treated. I would suggest these statistics match with help seeking behaviors, health disparities in black communities, and low self-report stats.

6. Are there any tests men can self-administer or take if they think something might not be right or feel they are not themselves?

Many of the screenings created are not validated or have low validity for black men, especially in low- income communities. A clinician would have to use their clinical judgment and diversity experience along with any assessments that are administered, in order to appropriately assess black men.

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Big Tiny Teachers of Vulnerability and Strength!

Recently, I joined the advisory council of the Neonatal Intensive Care Unit (NICU) at Beth Israel Hospital in Newark, NJ. I believe in the power of parent and family voice. I sat to chat with Marly Arturo, after her long day at work. Marly is a neonatal intensive care unit (NICU) nurse at Beth Israel Hospital. "I'm tired," she announced. "We are very busy at the NICU, with many babies born recently." I felt gratitude for the work the staff at the NICU does and I thanked her for saving lives.

I went on to share my personal story of giving birth to my son, who was born premature. "All the days at the NICU are still vivid memories," I exclaimed! Marly was impressed with my story. I only wanted my son to consume my breast milk, although not easy at the beginning. Fortunately, I received assistance from a lactation consultant. Marly emphasized the importance of having a lactation consultant on site to assist mommies in breastfeeding; "breast is best," she exclaimed.

Currently, the NICU is working on creating a milk bank. They would also like to have a lactation consultant on site to help new mommies with breast feeding and the staff would like to develop a video that educates new parents about the many health benefits of breastfeeding and kangaroo care (kangaroo care is a method of holding a premature baby that involves skin-to-skin contact).

I shared with Marly that I practiced endless hours of skin-to-skin time with my son, with the goal of making his stay more pleasant and nurtured, while at the NICU. For me, it was instinctual and later I learned about the benefits of kangaroo care. Kangaroo care turns the parent's body into the baby's immediate "natural environment" — in essence, the baby's world. The infant experiences the parent's body as his or her 24-hour diner, transportation module, automatic heating and cooling device, playpen, massage therapist, entertainment coordinator, and comfortable reclining bed.

Being a mom herself, Marly was empathetic right away. I sensed she understood to a great extent what parents of "preemies" have to go through. What could be improved in the NICU to create better outcomes for preemies, I asked? With excitement, she replied, "the first thing I can think of is rooming." We now know that premature babies are at significant risk for later developmental and relationship difficulties as a consequence of their early birth, the impact of hospitalization, and the altered relationship patterns that they and their families experience.[1] We both agreed that NICUs that are able to provide accommodations that enhance the parent-child experience are ideal. "Ahhh, two generations," popped in my mind. A family-centered approach. If parents can utilize private rooms with beds, parents can bond with their newborn and provide kangaroo care. They can also practice breastfeeding and not be subjected to loud sounds and disturbing alarms, which are part of the NICU environment. It would have made a world of difference, rooming with my son during that time, I assured Marly. With kangaroo care, NICU staff no longer see parents as visitors, but as essential providers of physiological stability for the growing baby.[2]

Recently, I joined the advisory council of the NICU at Beth Israel Hospital in Newark, NJ. I believe in the power of parent and families' voices.

To read more also visit, https://pdfs.semanticscholar.org/1b8e/

Submitted by: Marcela Henao
FRIENDS PAC Member

[1, 2] Browne, J. V. (n.d.). New Perspectives on Premature Infants and Their Parents. Retrieved March 10, 2019, from https://www.zerotothree.org/resources/444-new-perspectives-on-premature-infants-and-their-parents

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Let's Talk about Dad's Mental Health

7. Is there ever a time when men should make a child go for testing if they think something is wrong but the child does not?

Yes. If a father is concerned about mental health issues with their child and they want appropriate services for their child, then the father should seek services. Children are often concerned about their reputation among peers, especially stigma related to mental health issues, but if the father has awareness, a healthy relationship with their child, and communicates his concerns along with potential benefits, there is a potential for successful outcomes. If a child is resistant, significant support and encouragement will be needed from the father (if they have a healthy relationship) and a healthy rapport with professionals working with the child.

Interview facilitated by:
Anthony Queen, Parent Liaison/ Fatherhood Engagement Specialist, Great Start Parent Coalition with Casilda Maxwell, Ph.D., Campus Clinic, Pine Rest Christian Mental Health Services

The Science of Trauma: Pathways to Recovery

In the last twenty years, our knowledge on the impact of childhood trauma has grown significantly. The Adverse Childhood Experiences Study[1] identified the prevalence and long term impact that traumatic events can have on our physical and mental health as well as learning, social relationships and perceptions of safety. Since that time the brain science has expanded in understanding how trauma can actually change our brain functioning.

Here is a summary of what we know:

1. Traumatic experiences are common and those that occur in early childhood, that are interpersonal in nature (abuse, neglect, domestic violence) and chronic have the highest likelihood of leading to alterations in brain functioning and emotional and behavioral impact.
2. Trauma can impact any area of an individual's functioning including but not limited to physical health, emotional health, cognitive development, learning, relational and employment capacities.
3. There are pathways to recovery when those working with the child or adult have knowledge of brain functioning and trauma's impact. Traditional mental health services may not be effective.

Efforts to address the impact of trauma need to be multi-faceted. The three areas of focus are: supporting social and emotional development in young children to inoculate them against the impact of future potential traumas; reducing children's exposure to trauma; and understanding and increasing access to effective interventions across a variety of settings.

As we are unlikely to achieve total prevention of all traumas, focusing on social and emotional development in children is critical. Social and emotional development is "a young child's growing capacity to form close personal relationships with other people, especially parents and caregivers; express and manage emotions; and to explore new environments." Parents, childcare providers and early education programs need to have staff and programs that are knowledgeable in this area and give it the same priority as cognitive and physical development. Research has suggested that social and emotional development is key to early success in kindergarten.[2] The National Association for the Education of Young Children, The Center for Social and Emotional Foundations of Learning and the Devereux Center for Resilient Children all have websites with helpful information for professionals and parents.[3]

Children who are struggling with their trauma histories may display a number of different reactions. This can include but is not limited to sleep disturbances, problems managing their emotions and behaviors, substance use, self-harm, oppositional behavior. They may struggle with interpersonal relationships and their sense of safety. The use of traditional behavioral techniques are often not successful in addressing the child's needs and can make behavior worse. There are a number of evidence-based trauma specific therapies, as well as trauma responsive skills that can benefit these children including a growing focus on sensorimotor and/or somatic interventions. The National Child Traumatic Stress Network has a comprehensive website that can educate parents and professionals on symptoms of trauma as well as different ways to address the child and caregiver's needs.[4] Trauma and its impact is one of the major health and social issues of our time and warrants our full consideration.

Submitted by:
Patsy Carter,
Missouri Dept. of Mental Health

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[1]Adverse Childhood Experience Study https://www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/index.html

[2]Linking Social Development and Behavior to School Readiness http://backbonecommunications.com/news/linking-social-development-behavior-to-school-readiness/

[3]National Association for the Education of Young Children https://www.naeyc.org
Center for Social and Emotional Foundations of Learning http:// csefel.vanderbilt.edu
Devereux Center for Resilient Children https://centerforresilientchildren.org

The Little Yellow House

I remember the first time I walked through the doors of Daystar Counseling Ministries. It was a warm summer afternoon, and the sun was gleaming perfectly on the little yellow house that sat on the corner of the neighborhood. A white picket fence and a front porch with rocking chairs and porch swing sat in front of the house. When I walked through the doors, instantly I knew there was something different about the house. The smell of fresh popped popcorn filled the living room and many fluffy dogs walked through the halls of the house. I felt something I hadn't felt in many years. At that time, I couldn't put my finger on the "feeling" that I felt, but now as an adult it's clear. Hope. Hope dwelled in that little yellow house, and it caused me to want to stay and learn more about that four-letter word.

In the early years of my life, there were many traumatic events that occurred around me. Although I didn't realize it until my teen years, these situations had shaped me. When I began to transition from child to teen, everyone could see the symptoms of brokenness in me. Teachers and other parents called me a trouble maker, some even told their kids not to hang out with me. Which, now as an adult, I can understand why they reacted that way to my behavior. When you see a teen that's out of control, yet you don't have the ability to control them, it's scary. However, I was a scared and confused sixteen-year-old, and the fear and rejection of my community caused me to dig my heels deeper into defiance. It was an exhausting cycle for everyone involved, and everyone was ready to throw in the towel. That's when we walked through the doors of DayStar Counseling Ministries.

I sat across from the counselor that I had been matched with, and I threw everything on the table. I was thinking it would make her scared of me, but it actually made her lean in closer. She welcomed my brokenness and wasn't scared of my behavior. She showed compassion and immense understanding of my pain, and it transformed my way of thinking. It taught me that I can give myself compassion and understanding. She gave me tools and skills that I will use for the rest of my life. She added me into group counseling with other girls my age, and we met once a week. Group counseling changed my life, because I learned deep friendship. I learned how to trust and be trusted with the deep things of a friend's heart. Counseling changed the trajectory of my life, and I strongly believe it could do the same for every hurting child and teen.

Daystar Counseling Ministries, Inc. offers counseling to kids and families in the Middle Tennessee area. Daystar offers both individual and group counseling for children, adolescents, families, and young adults.

Submitted by: Whitney Griffith,
Child Abuse Prevention Advocate

Recognizing and Addressing Trauma in Children: Shifting Our Lens

We all have some level of stress, it is a part of life. We have learned and use different coping skills; some healthier and more effective than others. As parents, we want to protect our children, keeping them safe from unlimited types of risk but also to teach them coping skills that support them throughout their lives.

Children who have faced personal traumatic events, such as child abuse or domestic violence or repeated stress, while their brain is still actively developing may struggle. Without access to an adult caregiver who pays attention to and meets their needs, these children may not develop healthy coping skills. Instead the child may develop a view that the "world is unsafe and people will hurt you". This view is actually wired into their brains. The younger the child and the more frequent the traumatic events, the higher the risk for developing trauma reactions that impact that child's behavior. Behaviors observed may include:

- Sleep Disturbances
- Aggression
- Alcohol and Drug Use
- Inability to sit still
- Social Isolation
- Hypervigilance
- Emotional Outbursts
- Property Destruction
- Self-harm
- Avoidant Behavior
- Flashbacks
- Anxiety
- Eating disordered behavior Suicidal Ideation and Behaviors
- Impaired attention and focus
- Excessive daydreaming/dissociation
- Intrusive memories or thoughts

These behaviors show up at home, school and in the community often caused by a memory of past traumas. These behaviors can then lead to learning and behavior problems at daycare, school, contact with law enforcement and other negative outcomes. If mental health treatment is sought, the child may be incorrectly diagnosed and provided treatments that are not effective in addressing the underlying cause of trauma, and may do further harm.

It is important to share a child's trauma history when meeting with doctors, school staff and mental health providers. This can help them frame the child's health and behavior through the lens of trauma. There are pathways to recovery from trauma once trauma is recognized and understood. There are evidenced-based trauma specific therapies that focus on the child's thinking and/or their body's response. The child's developmental stage, types and frequency of the trauma as well as the different types of "symptoms" should guide the selection of the best type of therapy. There are medications that, on a short-term basis, can also aid in recovery by helping to calm and/or focus the brain so the other therapies can be used. The goal is for the child to learn healthy coping skills to help manage their body's response, ideally without long-term use of medications.

The science around trauma is growing. Researchers are gaining a better understanding of how the brain works and the connection between mind, body and behavior. Schools are becoming trauma informed in changing their environments, policies and practices to support children with trauma histories. Access to evidenced-based interventions is gradually increasing. Parents can learn more about trauma to support their children. A great resource to begin learning about trauma is the National Child Traumatic Stress Network's comprehensive website https://www.nctsn.org/

Submitted by: Patsy Carter,
Missouri Department of Mental Health

Continuing the Journey: FRIENDS PAC Alumni Update

Sam Blue

Sam Blue has been enjoying time with his one year old and newborn grandsons. In addition he has been active in the St. Louis and Missouri Parent Advisory Councils. He finds both the local and statewide leadership groups to be family friendly, a great environment to share resources and information as well as offering opportunities to network and develop. Sam is excited about the parent leadership opportunities that lay ahead for him and his fellow PAC members in 2020!

Dawn Patzer

Since retiring two years ago, Dawn Patzer has been homeschooling her grandson, who is now in first grade. Her grandson, who previously wasn't reading, is now conquering most words! Dawn also delivers food for Ubereats. Recently, Dawn was asked to be a part of a YouTube show called *Mom to Mom* where she encouraged the producers to utilize her to speak about her passion for child abuse prevention. Dawn provided an overview and definition of child abuse, ways people could prevent it and also offered resources from FRIENDS and the Child Welfare Information Gateway. Dawn has enjoyed staying in touch with fellow FRIENDS PAC members!

Eliza Cooper

Upon becoming a PAC alumnus, Eliza Cooper has focused on her business, Live Holistically Balanced, and continuing her work as a community anchor for Baltimore City. She connected with the Maryland State Lead Agency and became trained as a Parent Café facilitator. Since then, Eliza has participated, planned and facilitated cafes. Recently, Eliza has also become involved with the Baltimore's Thriving Communities Collaborative, a network of parents, providers and community members dedicated to strengthening families and communities. She encourages parents and practitioners to check out their website at http://www.ThriveBMore.org.

FRIENDS Parent Advisory Council members (from l to r, front row): Raven Sigure, Fatima Gonzalez-Galindo, Marcela Henao, Valerie Lebanion (from l to r, back row) Jessica Diel, Anthony Queen, Beth Stodghill, Joanne Hodgeman, Bruce Bynum.

About the PAC

FRIENDS has established a Parent Advisory Council to provide useful overall program direction and guidance to the activities of the National Center. Committee members share their experience and expertise in child abuse prevention and family strengthening through their active participation in FRIENDS workgroups and the annual Grantee's meeting, development/review of FRIENDS written materials, and by providing resource center staff with consultation and advice.

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This publication was produced by the FRIENDS National Center for Community-Based Child Abuse Prevention (CBCAP). FRIENDS is a service of the Children's Bureau and a member of the T/TA network.

FRIENDS is funded by the U.S. Department of Health and Human Services, Administration for Children, Youth and Families, Office on Child Abuse and Neglect, under discretionary Grant 90CZ0024. The contents of this publication do not necessarily reflect the views or policies of the funder, nor does mention of trade names, commercial products or organizations imply endorsement by the U.S. Department of Health and Human Services.

Additional Trauma Resources

Websites and Toolkits

Center on the Developing Child, Harvard Universityhttps://developingchild.harvard.edu/

1-2-3 Care Toolkit: A Trauma Sensitive Toolkit for Caregivers of Children https://srhd.org/1-2-3-care-toolkit

The National Child Traumatic Stress Initiative: Raises awareness about the impact of trauma on children and adolescents as a behavioral health concern. https://www.samhsa.gov/child-trauma/about-nctsi

Centers for Disease Control https://www.cdc.gov/violenceprevention/acestudy/

The Alberta Family Wellness Initiative https://www.albertafamilywellness.org/

Understanding the Effects of Trauma on Health, Center for Healthcare Strategies https://www.chcs.org/resource/understanding-effects-trauma-health/

National Institute of Mental Health http://www.nimh.nih.gov/healthinformation/ptsdmenu.cfm

Child Trauma Academy http://childtrauma.org/

Children's Bureau/Administration for Children and Families https://www.acf.hhs.gov/cb

Books

The Body Keeps the Score, Bessel Van Der Kolk; Penguin Books, 2015

The Boy Who Was Raised as a Dog, Bruce Perry & Maia Szalavitz, Hachette Book Group, 2006, 2017.

The Whole Brain Child, Siegel and Bryson, Bantom, 2012