



center for
CHILD & FAMILY HEALTH



Healthy Futures

FALL 2014

Strength at the End

Overcoming Abuse through Trauma-Focused Cognitive Behavioral Therapy

Kayla is an inspiring young woman.

A junior at a prestigious university, she is majoring in cross-cultural psychology, and her studies have taken her to New Zealand, Samoa, and Vanuatu. She is not much for math, but organic chemistry is no problem, and she has her eye on medical school. Outside of class, she keeps things calm and under control in her dorm as a resident advisor.

“But what you see is not what always was,” says Kayla. “Imagine a child who has been neglected and abandoned, soul broken, hurt in every way imaginable, and accustomed to it. That was me.”

Kayla was sexually abused by her mother’s husband as a child. Hidden for years, the abuse finally came to light when Kayla was in seventh grade. The Department of Social Services intervened, telling her mother that Kayla could not remain in the same house as the man who abused her. She chose to turn Kayla out of the house.

Kayla was taken in by family friends—whom she now calls her parents—and they brought her to the Center for Child & Family Health for treatment of the trauma caused by her sexual abuse. Her therapist was Rebecca Hubbard—or “Ms. Rebecca” as Kayla calls her—and together they began the process of Trauma-Focused Cognitive Behavioral Therapy.

“The first thing Ms. Rebecca did was just teach me to feel again,” says Kayla. Children who are traumatized teach themselves to push all emotions as far inside as possible. Treatment begins with tapping into the hurt and anger a little at a time, so that it can be dealt with.

Once she learned to let her emotions surface, Kayla and Rebecca worked on coping techniques—from breathing and meditation to categorizing her thoughts and making choices on how to respond to them. Finally, it was time for Kayla to re-write the story of her abuse in a way that led to healing. For this, she did something that Rebecca had never seen: she created an enormous visual collage.

Above: Kayla amid the beautiful fall foliage on her college quad.

To Kayla, the collage is the true picture of her abuse and her recovery. “When my [adopted] mom reads my trauma narrative,” she says, “she is filled with anger and just wants to break down and cry. But when she sees the collage, she sees the full transformation. She sees the strength at the end.”

Kayla has big plans for the future. She has her eye on Carolina for medical school and dreams of earning a Ph.D. Study abroad whetted her appetite for travel, and she is already making her list of destinations. But she knows that the abuse she experienced will go with her into each new phase of her life. “That’s the worst part,” she says, “it’s a permanent part of who I am.”

She also knows that she is equipped to face it. Asked about the most enduring effect of her therapy with Rebecca, she says, “Knowing that I have done hard, gut-wrenching work and knowing that I am going to keep doing it.” And that is her hope for a healthy future.



PREVENTION

Left: Nurse Liz Stevens visits a mother and newborn with *Durham Connects*.

20/20 Foresight

Current prevention programs envisioned by CCFH founders

Jan Williams, one of our longest serving staff members, was collecting items for the archives recently and came across an article published in the North Carolina Medical Journal in 1999. Written by the founding leadership team, it described the community needs and the collaborative process that gave rise to CCFH, as well as the organization’s early efforts to foster a more coordinated and effective response to child abuse and neglect.

There was one line in the article that really struck a chord with Jan. It read, “We are working toward the goal of universal home visiting for new parents.” Not quite three years old as an organization,

the leaders and staff of CCFH were already looking beyond the treatment-oriented response to child trauma to a time when prevention would be equally integral to our work and mission.

This was especially noteworthy to Jan as the clinical supervisor for *Healthy Families Durham*, one of three home-visitation prevention programs at CCFH. *Healthy Families Durham* and *Early Head Start* reach out to families with multiple risk factors related to abuse and neglect, providing home visitors to support parents and connect them to the resources and services they need. *Durham Connects*, as the founders envisioned, provides

universal home visiting for any family with a newborn in Durham County without exception. Nurse visitors assess maternal and infant health and watch for other needs and risk factors that can undermine a protective and nurturing home environment.

Prevention, the article noted, starts with strengthening and supporting healthy parenting. This principle reflects the broad and systemic approach to childhood trauma that has been integral to CCFH from the beginning. And in the long run—to quote our founders once more—this will be the Center’s most significant contribution.

TRAINING

Right: Lindsay Caldwell (left) and her colleagues use role play to practice PCIT skills.

Increasing Our Impact

CCFH reaches more children through clinician training

Lindsay Caldwell knows a lot about mental healthcare for children. As the Clinical Director at Hope Services in Raleigh, she has a decade of experience in treating children, and she oversees 30 clinicians providing outpatient, intensive in-home and day treatment services throughout Wake County. Lindsay also knows there is always more to learn.

Five years ago, Lindsay realized the agency needed more trauma-informed care. They had a residential program at the time where PTSD was the leading diagnosis, and they were seeing more trauma cases in their outpatient clients. So Lindsay enrolled in the training program at the Center for Child & Family Health for certification in Trauma-Focused Cognitive Behavior Therapy (TF-CBT).

The impact on children in her care was dramatic. The first child she treated using TF-CBT was a ten-year old who had been sexually abused. In therapy since the age of five, the child’s progress had ebbed and flowed. “But under TF-CBT,” says Lindsay, “the gains were amazing.” And she had the immense satisfaction of seeing the child graduate from care.

Two years later, Lindsay returned to CCFH to train in Parent-Child Interaction Therapy, known for its remarkable effectiveness with children six years old and younger. It was not simply the quality of the therapeutic models that brought her back. It was also the way they are taught.



Her trainer watched video of every client session and provided her with immediate feedback for improvement. “That level of consultation is rare, and it was career changing for me,” says Lindsay.

All of this is a natural extension of the care CCFH provides in its Clinic. By equipping clinicians like Lindsay, we reach more children with trauma-informed care and get that much closer to our vision of a day when every child is loved, nurtured, and safe.

A Welcoming Place for Difficult Work

Focus on family engagement supports successful care

Families are anxious and vulnerable when they come to the Clinic at CCFH. For some, their child has experienced or witnessed terrible things, and they do not know what the future holds. Other parents are coping with difficult behaviors arising from different circumstances, but they too are often emotionally exhausted and perhaps feeling that change is too much to hope for.

The evidence-based care in the Clinic offers real hope, but it also asks children and their parents or caregivers to do difficult work. While our therapists are compassionate and encouraging, the path to healing and wholeness is hard, increasing the risk that families will drop out before they reach the destination.

For this reason, the Clinic staff has been giving more attention to the ways that families are cared for even before they enter a therapist's office.

Lisa Laws Byrd is the Clinic's business manager, and she says that the most important step the staff has taken in recent months is to redefine the front desk position. "In the past, we saw it as an administrative role," she says, "but it is actually the point where care for our children and families begins."

Lisa changed the position title to *intake coordinator* and reduced the administrative burden, in part by recruiting volunteers to do basic office work. "It takes time to give your full attention to people," she says. "We don't want the paperwork here at the front to come between our families and a friendly face."

That friendly face belongs to Kendell Richmond, and she is often the first staff member that families encounter when they are referred to the Clinic. Some of her work may seem administrative—responding quickly to referrals, preparing parents for the first visit, or advising them on contact with other agencies—but it is a means for ensuring families feel welcomed, secure, and cared for. And some of what she does may not seem like work at all—setting aside a special book for a child or asking a middle-schooler about the music she likes—but she is helping create a positive experience that reinforces the child's desire to return.

Kendell is also fluent in Spanish, which is a great source of comfort to Hispanic families who come to the Clinic. Recently, a mother arrived with only one of her two children for a scheduled appointment. She was distraught because she had not been able to describe the nature of the appointment well enough for the school office to give her child an excused absence. Kendell called the school and acted as the mother's translator to solve the problem.

The Clinic staff also makes sure the physical environment is warm, welcoming, and engaging, especially the waiting room. Children have to wait while their parents meet with the therapist or while a sibling is in a session. And these are opportunities to reinforce the family's positive experience. Lisa and Kendell make sure the waiting room is well stocked with toys that are in

good working order. They recruited a local organization to donate books that children can take home with them. And the office volunteers are able to spend some of their time playing with the children or even tutoring and helping with homework.

For therapist Erik Potter, all of this supports the work he is doing with the children in his care, and the effect is best summarized by a comment from the grandmother of a child in treatment for physical abuse. With a mix of wonder and appreciation, she described their experience in the Clinic to him, saying, "We can be talking about really difficult things, and the next moment we are laughing and enjoying ourselves."

In that brief comment, she captured what our Clinic staff seeks to provide for all of the families we serve: a warm and welcoming environment where the difficult work of healing can take place. And that moment of laughter and enjoyment she and her grandchild experience is a sign of hope for a healthy future.

TOYS FOR THE CCFH CLINIC

The Clinic is in high need of specific children's toys. For more information on meeting this need, please contact Blair Lindley: blair.lindley@ccfhnc.org

CLINIC

Right: Kendell Richmond offers a friendly face to families arriving at the Clinic.

Far right: Lisa Laws Byrd talks with Erik Potter between appointments.



What is childhood trauma?

trau·ma

: Physical and emotional responses to events threatening the life or physical integrity of a child or someone critically important to the child

Emotional Responses

- Terror
- Powerlessness
- Hyperarousal
- Loss of control
- Depression
- Anger

Physical Responses

- Disrupted sleep
- Inability to concentrate
- Change in appetite
- Aggression
- Avoidance and isolation
- Difficulty in school
- Substance abuse
- Self-destructive behavior

Trauma undermines a child's mental and physical health with long-term consequences for his or her emotional, intellectual, and social well being.

The good news is that CCFH is able to transform the pain and suffering of childhood trauma into hope for a healthy future.



Restoring Hope & Stability



331 children

received mental healthcare in the CCFH Clinic

(July 1, 2013 to June 30, 2014)

8 years old

the average age of a child in our care

2 months old

the youngest child in our care

19 years old

the oldest child in our care

10 months

average length of treatment

75 percent

are from low-income families

(based on Medicaid or HealthChoice eligibility of the child)

The care we provide to these children is only possible with support from donors like you. Public sources of support such as Medicaid cover only a percentage of the cost of treatment, and most families in our care do not have the personal resources to pay for the care their child needs.

When you give to CCFH, you are restoring hope and stability to a child who has suffered the effects of abuse, neglect, domestic violence, or community violence. Please visit ccfhnc.org and make a donation today.



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Coming soon! CCFH at Kent Corner

This spring CCFH will move to a new location at the corner of West Chapel Hill Street and Kent Street just a few blocks from our current offices.



Currently under construction, the new location is part of a neighborhood development project sponsored by Self-Help Credit Union and Duke University. The new location also gives CCFH the opportunity to design the office space in a way that best suits our work and mission. The Clinic in particular has been designed not only to house specialized treatment rooms but also to improve privacy and security for the children and families in our care.