



center for
CHILD & FAMILY HEALTH

Healthy Futures

SPRING
2016



MAKING SENSE of TRAUMA

*Curriculum equips adoptive
parents of traumatized children*

Above: Yuri at her home in Fuquay-Varina
Photo credit: Kevin Spears

Yuri Brown was a K-12 teacher for ten years, but she had never seriously considered being a mother until she and her husband Justin saw “Wednesday’s Child,” a television program about the shortage of foster parents. It was 2003, and she recalls looking at him with a great sense of clarity and saying, “We can do that.”

They completed the licensing requirements and opened their home to children in foster care in Wake County, many of whom were in very fragile condition. One of the first was a six-week old boy who came to them straight from the hospital with an oxygen tank, a pulse oximeter, and a heart-rate monitor to manage his neonatal drug addiction. He would soon become the Browns’ first adopted child, followed eight years later by an adopted daughter and another son soon after.

Yuri and Justin provided a stable and loving home, but their children still suffered the consequences of their earliest traumatic experiences—especially their daughter who would fly into destructive rages when triggered.

Parenting was extremely difficult and, by 2013, Yuri was exhausted and discouraged.

Janet Redden is a post-adoption services provider with Wake County Human Services. She saw that Yuri was headed toward burnout and suggested she take the Resource Parenting Curriculum (RPC), offered through Post Adoption Support Services at CCFH. “I told her the last thing I needed was another course,” says Yuri. But Janet had been a reliable guide through many difficult issues, and she decided to take her advice.

From the very beginning, RPC was eye opening for Yuri. “The information just *fit*,” she says. “For the first time, what we were experiencing at home made sense.”

The Resource Parenting Curriculum is an eight-week workshop for adoptive and foster parents. It provides them with insight on the effects of trauma on the development and behavior of their children, and it equips them with trauma-informed parenting skills. CCFH offers the RPC workshop in

partnership with child welfare agencies in 29 counties in North Carolina.

For Yuri, the workshop and the support she received from CCFH staff helped overcome the frustration and feelings of incompetence she had in the face of her children’s challenges. Through a trauma-informed lens, she could now see the need behind a difficult behavior and respond to it. She learned not to take the worst moments personally, and she became a fierce advocate for her children.

Today, Yuri facilitates a support group for foster parents and responds to calls for advice and assistance. “I remember a family at an adoption conference with tears in their eyes when they discovered the help that was available to them,” she says. “And I could tell they had struggled so much and for so long.”

Yuri still struggles, too, but she is confident in her trauma-informed parenting. “I don’t want people to think I’m good at this,” she laughs. “It’s just that I have so much support.”

Photo and story shared with permission from the individual featured in the article.

THE SOCIAL COSTS *of* CHILD MALTREATMENT

When we talk about child maltreatment, it is right to focus first on the consequences of these terrible experiences for the individual child. Painful and frightening in the moment, abuse and neglect have enduring effects that undermine the emotional, intellectual, and social development of a child and fundamentally disrupt her health and well-being over a lifetime.

But the enduring effects of abuse and neglect are not restricted to the life of that child. Child maltreatment is highly correlated with adverse outcomes such as difficulty in school, substance abuse, incarceration, unemployment, mental health issues, and chronic illness. These consequences impose an economic burden on society at large, and we are all affected by the costs.

A 2012 study sponsored by the Centers for Disease Control and Prevention sheds light on the enduring social costs of child

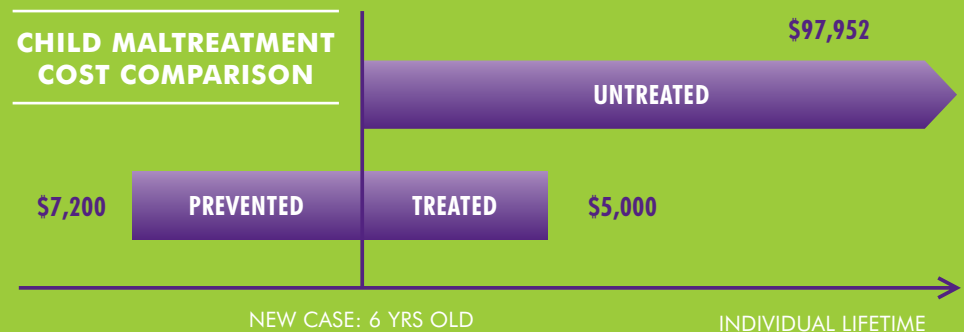
maltreatment. **The researchers' most conservative estimate for the average lifetime cost per child maltreatment victim was \$97,952**, and could be as high as \$210,012 per child. Estimated costs included short-term and long-term health care, child welfare costs, criminal justice costs, special education costs, and lost job productivity as an adult.¹

Distributed over a lifetime, this may not seem like a significant economic burden. Multiplied by the prevalence of child maltreatment, though, the cost skyrockets. There are approximately 450 cases of abuse and neglect substantiated in Durham County each year, which

represents \$44 million in related lifetime costs for that one group of children.

Prevention programs at CCFH cost between \$500 and \$7,200 per child to implement. Treatment for a child with traumatic stress or related diagnoses costs \$2,500 to \$5,000 depending on the type and duration of treatment. By any measure, the return on investment for these interventions is remarkable.

¹ Fang, Xiangming, et al., The Economic Burden of Child Maltreatment in the United States and Implications for Prevention, *Child Abuse & Neglect* 36 (2012).



PARENTS *as* TEACHERS

Evidence-based curriculum is key to child abuse prevention

Left: Tomeika Watson, a licensed clinical social worker, reviews developmental milestones and addresses parent concerns during a home visit. Photo credit: Anna MacDonald Dobbs

A proven way to prevent child maltreatment is to make sure that families feel supported when parenting a young child, and that is exactly the approach of the evidence-based Parents as Teachers (PAT) curriculum.

CCFH home visitors trained in PAT meet with families as often as every week for up to three years. In addition to empowering parents with information about their child's current developmental stage, the curriculum also suggests age-appropriate activities for each visit that

encourage parent-child interaction and promote healthy intellectual, socio-emotional, and motor development.

Rowena Mudiappa, a support worker, says "The activities are a great tool to help families expand their view of how children learn." For example, the curriculum suggests that parents show an 8-14 month old child how to drop blocks into a container, dump them out, and repeat. This simple activity with common household objects encourages the child to practice their hand-eye

coordination, a new skill at that age.

Information like this can also give parents helpful perspective in different situations. As it turns out, children are practicing the same skill during meals when they throw their spoon and look to see where it landed. Although this behavior, especially if repeated, can be irritating for parents, they can identify why the child is acting that way and recognize it as a normal developmental milestone instead of only getting frustrated.



WHAT WORKS & WHY

Effective prevention focuses on protective factors for parents

By Karen Carmody, PhD – Director of Prevention Programs

Prevent child abuse. This is perhaps one of the most successful slogans in the field of public

health in the last fifty years. It is memorable and widely used because it perfectly captures what each of us thinks and feels when we encounter the terrible reality of child maltreatment. It is not enough to care for the survivors. We must do whatever we can to stop it from happening in the first place.

For all the familiarity with the slogan, though, there is not widespread understanding of the interventions that actually reduce child maltreatment. In honor of April being National Child Abuse Prevention Month, we would like to take this opportunity to present a summary of some of the principles and research that inform effective prevention practices.

PROTECTIVE FACTORS

All parents want the best for their children and dream of their future success. In reality, it is not so simple for some families to create the safe, stable, stimulating homes needed to make their dreams for their children come true.

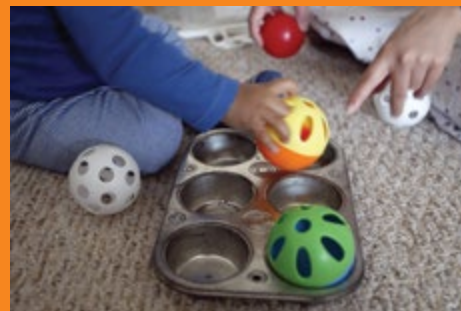
Maltreatment often occurs because a family is subject to toxic levels of stress that significantly affect a parent's ability to nurture and protect their child. These stressors include first-time and teenage parenting, social isolation, parental mental health and substance use problems, a history of trauma, and economic hardship. Moreover, these factors often occur in combination further undermining family stability.

One approach to effective prevention then focuses on building protective factors for parents that insulate them—and their children—from the effects of toxic stress. Research shows that protective factors increase parents' coping skills and are

linked to a lower incidence of child abuse and neglect.

What are these protective factors? First, parents need to be able to meet basic needs for their family (food, housing, transportation, child care, clothing). Connecting families to these resources reduces stress and allows parents the emotional energy to focus on their children.

Knowledge of child development and parenting skills comes next. To thrive, children need clear rules, consistent expectations, reasonable consequences, and encouragement. When parents understand these needs, their expectations of their children are more realistic and their interactions with their children are less frustrating for both parent and child. Parents also need a social network of support that provides a listening ear and a source of supportive advice.



Simple games like putting balls in a muffin tin promote a child's healthy development and encourage parent-child interaction.

Once these things are in place, parents who were susceptible to toxic stress are now better prepared to be a nurturing caregiver for their child. And there is no better protective factor for a child than a stable and secure parent.

RESEARCH EVIDENCE

Two prevention programs at CCFH—Healthy Families Durham and Durham Early Head Start—are designed to develop these protective factors in at-risk families. Both are national models grounded in research evidence that has demonstrated

not only increased protective factors for families but also improved child development.

Parents in Healthy Families programs in Alaska, Arizona, California, and New York self-reported reductions in harsh parenting and neglect and increased use of non-violent discipline. Participating parents also showed reduced parenting stress and stronger parenting efficacy. Studies of Healthy Families programs also have shown significant impacts on parent-child interaction and increases responsive and stimulating home environments. The largest long-term study of the Healthy Families models has been in the state of New York. Children who participated in Healthy Families New York were more likely to be in gifted programs, receive fewer special education services, and show increased school readiness behaviors such as following oral directions and rules.

Similarly, national evaluations of the Early Head Start program have shown that parents score significantly higher on many aspects of home environment and parenting behavior and on progress towards economic self-sufficiency. Children in the Early Head Start program also performed significantly better on a range of measures of cognitive, language, and social-emotional development by age 3 than a randomly assigned control group.

A NEW SLOGAN

As it turns out, the principles and research that support effective prevention may be nearly as simple as the slogan we all know so well. If we want children to grow up safe and healthy, then we need to make sure that parents have the resources they need to create safe, healthy homes—especially those resources that protect them from toxic stress.

And if we simplify that idea just a little more, we might just have a new slogan waiting to inspire prevention: support parents, protect children.

MORE THAN A LIST




CCFH roster of qualified clinicians improves accessibility to care statewide

In 2006, CCFH staff members Lisa Amaya-Jackson, MD, MPH, and Dana Hagele, MD, MPH, founded the NC Child Treatment Program (CTP) with funding from private foundations and state mental health agencies. Their aim was to increase the availability of evidence-based treatment for childhood trauma and related diagnoses through an intensive, statewide investment in training for licensed clinicians.

The project first focused on increasing the number therapists qualified to provide Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), a highly effective treatment for trauma not widely available in North Carolina at the time. As word of the project spread, they began receiving calls from families and professionals seeking TF-CBT therapists in their community. To meet that need, CCFH created an online interactive list of its training graduates. Informally known as “the roster,” this list made it possible to search for therapists who could treat child traumatic stress across 100 counties.

It was not long, however, before NC CTP faculty realized that the roster had become more than a simple list.

“I remember the day in 2007 when one of our trainees contacted us with news that a judge had ordered a ‘rostered’ TF-CBT therapist for a child who had experienced

 <http://www.ncchildtreatmentprogram.org>  

trauma,” says Dana Hagele. “That’s when we realized that the roster had also become a reference point for quality and reliability in trauma treatment.”

This was due in part to the fact that the CTP roster is unique. No other state-level institution has made available a public list of therapists able to deliver high quality trauma treatment. Nationally, families and professionals rely on word of mouth to find evidence-based treatment in their community.

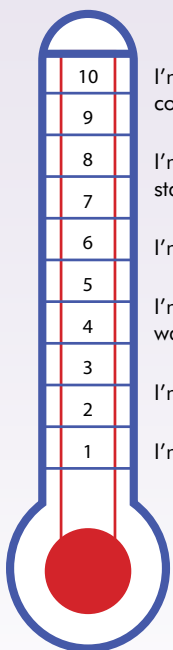
The establishment of the roster as an authoritative guide to clinical quality was also due to the rigor of the CCFH training standards. Clinicians are only invited to join the roster if they successfully complete a rigorous, 12-month clinical training. In addition to traditional face-to-face training, all program graduates deliver high-quality treatment to at least two children while receiving consultation from NC CTP faculty. This training standard exceeds the TF-CBT national certification standards.

The roster continues to have a systemic influence on the availability of mental health care for traumatized children in the state. In 2014, it was identified as a

key part of the strategy for funding evidence-based treatments. Managed care organizations and state mental health agencies wanted to provide enhanced reimbursement rates to lower barriers to high quality care for traumatized children, but they needed a way to verify qualified providers. The roster, because of its comprehensiveness and basis in clinician competence, was chosen as a solution. Only clinicians listed on the roster now qualify for those enhanced rates.

Today, the NC CTP roster lists more than 600 clinicians offering five evidence-based treatments. It is updated twice a month and audited annually. The roster allows CCFH to find geographic gaps in treatment availability, and it supports policy makers in their ongoing efforts to increase access to care. Ultimately, the roster assures NC families who have been affected by childhood trauma that treatment is both available and effective.

Above: NC Child Treatment Program Co-Director Lisa Amaya-Jackson with Beverly Glienke, Training Director. Photo credit: Anna MacDonald Dobbs



10 I’m feeling this the most I could ever feel it!

8 I’m feeling this too much – starting to reach my limit

6 I’m feeling this A LOT

4 I’m feeling this about half-way

2 I’m feeling this a little

1 I’m barely feeling it

Feelings thermometers are a tool that therapists use with children to check the intensity of a particular emotion.

FINDING YOUR FEELINGS

I felt nervous my first day of therapy. My mom said that it wasn’t like regular therapy. She told me it was interactive work.

Therapy helps you think positive thoughts instead of negative. Therapy helps you learn different feeling words and the feeling words help you use them to tell people your feelings. Therapy helps you get relaxed in difficult situations. I teach my mom what I’ve learned in therapy. We talk together about my feelings about her, my daddy, and his death.

If you need help with talking about your feelings with other people then come to CCFH. If you don’t want to talk about your feelings or don’t think you have them, I would say come to CCFH because they will help you find your feelings and talk about your feelings.

If you come to therapy your trauma symptoms will go down. Like having trouble sleeping, feeling left out or sad, feeling grumpy, and intruding thoughts about my daddy when he was sick. It’s brave to come to therapy because it’s hard and it tires your emotions.

This is an actual excerpt from a trauma narrative written by a child in treatment at CCFH and published with permission of the family.

The Martha S. Urbaniak CLINIC FOR CHILDREN & FAMILIES



Above: Muff Urbaniak with Anna Ho and Bob Whalen, donors to the campaign in her honor.
Photo credit: Anna MacDonald Dobbs

By proclamation of the Board of Directors, the outpatient mental health clinic at CCFH is now graced with a new name: **The Martha S. Urbaniak Clinic for Children & Families.**

Martha Urbaniak, known to family and friends as Muff, has been committed to CCFH for more than 20 years. She dedicated herself early on to the efforts that would establish the Center for Child & Family Health, helping build awareness for that historic community initiative and encouraging others to get involved. And she has continued since that time to volunteer, advocate, fundraise, and recruit others to ensure

that the work of CCFH is recognized, valued, and supported by the community at large.

On February 26, CCFH hosted a reception to celebrate Muff's countless contributions and thank the donors who gave to the campaign in her honor. Executive director Robert Murphy and his predecessor Matt Epstein offered appreciations for Muff's dedication to vulnerable children, and Pam Glean, chair of the Board of Directors, presented her with the proclamation formally naming the Urbaniak Clinic.

It was Muff's husband Jim who best captured the spirit of the evening. Reflecting on her decades of commitment to the well-being of children, he said, "For Muff, these things were never work or sacrifice. They were just a way of life."

More than 300 children and their families find hope for a healthy future in the clinic each year, and we are proud to invest it with a name that symbolizes the compassion and commitment that is at the heart of our mission.

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CCFH WELCOMES NEW BOARD MEMBERS

Photo credits:
Anna MacDonald Dobbs



Malik Edwards, JD, PhD

North Carolina Central University - School of Law

"Healthy families are essential to effect social change. My research has focused on educational equity and, as I have explored disparities in the education context, it has become clear to me that early family intervention provides the foundation for addressing problems across social contexts. CCFH provides a model that creates healthy families in Durham and beyond."



Rebecca Macy, PhD, ACSW, LCSW

University of North Carolina at Chapel Hill - School of Social Work

"I am excited to work with CCFH because of its dynamic leadership in providing high-quality mental health services and cutting-edge trainings. I am happy to support that good work as a board member, as well as help to strengthen the ties between CCFH and UNC-Chapel Hill."



Kappa Delta ShamRocked 'N RAN

More than 500 runners and walkers participated in the 23rd Shamrock 'n Run on a sunny Saturday in late February. Hosted by the Kappa Delta Beta Chi chapter at UNC-Chapel Hill, the 5k race starts on Franklin Street in front of the KD house and winds through campus.

“This event has always been such a fun one for our chapter,” says co-chair Addie McElwee, who was excited to see her KD sisters contribute their talents, take on leadership roles, and work together to carry out a successful event. Co-chair Caroline Stewart adds, “By far the most rewarding thing is knowing that the money we raise goes directly towards fostering safe and caring environments for children to grow up in.”

The event proceeds donated to CCFH this year were a record high of \$41,739. CCFH is grateful that Kappa Delta shares our vision for a community where every child is loved, nurtured, and safe, and we're honored to receive funds along with Prevent Child Abuse America. Thank you, Kappa Delta!

Shamrock 'n Run Co-chairs with staff from Prevent Child Abuse NC and CCFH.
Back L-R: Caroline Stewart, Sharon Hirsch, Kevin Spears, Amanda Coats, Anna MacDonald Dobbs. **Front L-R:** Tita Peña, Addie McElwee, Ann Barnett
Photo credit: Warner Tidwell, Kappa Delta

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SEVENTH ANNUAL
URBANIAK-SANDERS

Fashion Show & Luncheon

WEDNESDAY, SEPTEMBER 28, 2016
11:00am – 2:00pm
WASHINGTON DUKE INN

FEATURING FASHIONS BY
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A DEVIL *of a* GOOD TIME

During four games in the 2015-16 ACC season, Duke Athletics and Duke Women's Basketball highlighted the work and mission of CCFH. A video about CCFH played on the jumbotron during one game, and staff members from our treatment and prevention programs have been introduced to the crowds.



The Blue Devil with Mary Champagne, Muff Urbaniak, Lisa Amaya-Jackson, and Executive Director Robert Murphy during CCFH's 20th anniversary celebration.
Photo credit: Anna MacDonald Dobbs

During the fourth and final game on February 21, Duke Athletics celebrated CCFH's 20th anniversary at half court in Cameron Indoor Stadium by honoring three Duke women involved with CCFH from the start: Dr. Mary Champagne, Mrs. Muff Urbaniak, and Dr. Lisa Amaya-Jackson. Thanks goes to Coach Joanne McCallie and the team for helping CCFH raise awareness about the prevalence, prevention and treatment of childhood trauma in our community.

2015 HONOR ROLL of DONORS

The Center for Child & Family is grateful to all of the individuals and organizations whose generosity brings hope and healing to the children and families we serve.

In particular, we wish to thank the following individuals and families who made gifts of \$250 or more in 2015.

BENEFACTORS \$10,000+

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Triangle Community Foundation
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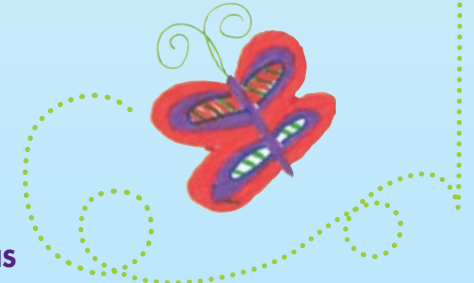
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trau•ma

: an intense event that threatens or causes harm to a child's emotional and physical well-being or to someone critically important to the child.

Child traumatic stress occurs when emotional and physical responses persist and affect a child's daily life well after the traumatic event has passed.

Emotional Responses

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

Physical Responses

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

Left untreated, these symptoms undermine the emotional, intellectual, and social development of a child.

Research shows strong correlations between untreated traumatic stress and educational failure, substance abuse, teen pregnancy, incarceration, and chronic illness.



1 in 5

children will have three or more adverse childhood experiences before the age of 16*

- ABUSE
- NEGLECT
- EXPOSURE TO VIOLENCE
- HOUSEHOLD DYSFUNCTION

4,200

children are born in Durham County each year



*www.cdc.gov/violenceprevention/acesstudy



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

Our therapists use evidence-based practices that are highly effective, significantly reducing symptoms in 75 to 80 percent of children treated and restoring hope and stability to them and their families.

Traumatized children can heal, but they need your help.

Please give at www.ccfhnc.org



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