



Center for Child and Family Traumatic Stress  
at Kennedy Krieger Institute

# TRAUMATIC STRESS CHRONICLES

GROWTH THROUGH TREATMENT, TRAINING, AND RESEARCH

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### COMMUNITY SPOTLIGHT

## ON DAY OF SERVICE WE LEND HANDS CITYWIDE, IN APPRECIATION AND WITH PRIDE

The Department of Family and Community Interventions held its third annual Day of Service on September 12, 2019. Our staff members, including those from the Center for Child and Family Traumatic Stress, offered hands-on assistance at community



Back row, L to R: Steve McCubbin, Marilyn Camacho, Emily Driscoll-Roe, Gloria Seo, and Rhonda Malkowski. Front row, L to R: Tahmineh Shadkhoo, Gabriela Renderos, Nelly Sandeep, and Jessica Chamaine Moore. Site of service: Art With a Heart.

organizations throughout Baltimore City, including Art With a Heart, the Bea Gaddy Family Center, the Believe in Tomorrow Children's House at Johns Hopkins, Ronald McDonald House, and Fort McHenry National Monument.

We began the annual Day of Service in 2016 in an effort to further our mission of being present and accessible to vulnerable families in the

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### ADVOCACY/EDUCATION

## TRUMP ERA HOMELAND SECURITY POLICIES: IMPACT ON CHILDREN

The research program at the Center for Child and Family Traumatic Stress is committed to work that spans from neurobiology to social policy. On the social policy front, I was asked, as the program's director, to participate in a conference held in Washington, DC, on September 20, 2019, and sponsored by Reps. Bennie G. Thompson, Chairman, and Lauren Underwood, Vice Chairwoman, of the Committee on Homeland Security. The purpose was to examine the adverse effects of the Trump Administration's homeland security policies on children.

The session was moderated by Doris Browne, MD, MPH, Past President of the National Medical Association, whose career focus has been on the elimination of health disparities. The other experts on the panel were Marshala Lee, MD, MPH, Director, Harrington Value

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## DIRECTOR'S CORNER



A first step in deciding on the content for each edition of *Traumatic Stress Chronicles* involves a core group of us meeting to discuss and decide on one or more themes that we all feel passionate about. We also choose themes that highlight issues relevant to the families and communities we serve, and that we believe will engage our readers. The foci of the current issue – being active participants in the Baltimore City community, and working with specialized populations – meet these criteria.

*Community Spotlight* features the Traumatic Stress Center's third annual Day of Service, in which we "close shop" for the day and, as a staff, volunteer at various local community organizations. While the core work is different among sites, what we all share is a mission centered on strengthening children and families experiencing adversity.

*Intervention Insights* highlights two of our longstanding clinics whose therapists have specialized skills and knowledge to meet the needs of clients. The Unity Clinic treats children with trauma exposures who are also deaf or hard of hearing. AVANZA! provides culturally relevant, trauma-responsive, and bilingual treatment and support services to Latino families. The specialized services at these clinics were developed after a specific need was identified – a pattern of responsiveness that has been central to the Traumatic Stress Center in our 35-year narrative.

In keeping with a commitment to expand our influence into the social policy arena, our readers will note a new column head, *Advocacy/Education*. In it, Joan Kaufman, PhD, the Center's research director, shares the opening testimony she gave at a convening sponsored by the House Committee on Homeland Security. She highlights the psychologically destructive impact of the current administration's policies that separate families and place children in group detention facilities.

New contributors for this edition are Marilyn Camacho, LCPC, and Casey Anderson, LCPC, RPT. Marilyn is the coordinator of AVANZA! clinic. She has worked extensively with Latino families for nearly 20 years through both research and clinical practice. Casey is an experienced presenter on a range of topics in the child traumatic stress field, and is a seasoned therapist, certified in TF-CBT and nationally credentialed as a Registered Play Therapist.

Two endeavors that we introduced to you in our inaugural edition (Spring 2019) are now in our rear-view mirror, and we happily report on them here: the beautiful mosaic mural assembled by our staff and families has been installed at the Center; and our 7th Biennial Trauma Conference in October was a huge success! As both a new year and a new decade get underway, we wish you the very best and look forward to sharing future editions of our newsletter.

Sincerely,

■ **Elizabeth A. Thompson, PhD**

This newsletter is still a new endeavor for us! We'd like to hear your thoughts and suggestions, and about relevant happenings in your own work spaces. Please e-mail us at [TChronicles@KennedyKrieger.org](mailto:TChronicles@KennedyKrieger.org)

## INTERVENTION INSIGHTS

# AT UNITY CLINIC: REFLECTIONS ON WORKING WITH DEAF AND HARD OF HEARING FAMILIES

The Unity Clinic at the Center for Child and Family Traumatic Stress is dedicated to providing trauma-informed mental health services to children and families who are deaf or hard of hearing. When I first joined it as a clinician, my own insecurities blared in my mind: I had no experience treating deaf or hard of hearing families, no familiarity with deaf culture, and no clue about mental health issues that impact deaf folks. Sure, I had taken an American Sign Language course as a college undergrad, but I could only remember the sign for pizza. I clearly felt ill-equipped to provide trauma-informed care to the families served by Unity.



But I immediately received training to meet the standards of a Unity therapist. In addition to providing evaluation and treatment, Unity clinicians serve as advocates for families, helping them navigate barriers to access so they can benefit from evidence-based, trauma-informed care. A Unity therapist must be able to examine developmental and cultural factors affecting the families; evaluate and adapt to deaf culture; and learn about deaf culture, in order to create culturally sensitive interventions.

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## ...AT UNITY CLINIC

### THE FAMILY, TRAUMA, AND DEAF CULTURE

When I started working with deaf families I quickly grasped the challenge posed by communication dynamics. I sat alongside certified ASL interpreters and found that I was no longer paying attention to verbal discourse but shifting my focus to proxemics, gestures, and symbols. I noticed that many of the children I treated were hearing, with deaf parents or caregivers (referred to as children of deaf adults, or CODAs). I realized that trauma-informed care would only be effective if I first understood the interplay between the family, trauma, and deaf culture. I discovered that many of the deaf caregivers were raised with few family members knowing ASL, so the caregivers relied mostly on the written word to communicate. Thus, while some of our clinic families rely on ASL, others have limited proficiency with it. In many cases, deaf caregivers have admitted to being skeptical and cautious of hearing-dominated services.

### INFORMATION DEPRIVATION TRAUMA

Many Unity families have had traumatic experiences in line with other families treated at the Traumatic Stress Center: neglect, physical abuse, sexual abuse, family separation, and exposure to domestic violence. However, these experiences were colored differently for our families, given that the processing of traumatic memories relied heavily on communication between the hearing and deaf worlds. Information Deprivation Trauma (IDT) is one of the most ubiquitous trauma types among deaf and hard of hearing families seen at the Traumatic Stress Center. This refers to the experience in which a person cannot fully discern the seriousness of a critical event due to insufficient access to communication. (This is not a trauma type exclusive to deaf or hard of hearing families, but instead is a risk for any linguistic minority.)

Without appropriate access to ASL, families who rely primarily on this means of communication cannot prepare for stressors, respond, or protect themselves. For example, a deaf mother treated at the clinic, “Ms. Smith,” detailed her family’s distress after a horrible car accident involving her hearing son, who was proficient in ASL. With



Two girls in conversation using sign language. Access to communication is essential for healing in trauma-informed care.

her son still in the wreckage of the accident, Ms. Smith could not communicate with the emergency responders. Without ASL access, she felt fearful, powerless, shocked, and distraught with worry. Paper and pencil communication, although inadequate for her, eventually helped calm Ms. Smith during this crisis.

The core of IDT – information deprivation – can be crippling and deeply distressing. We should recognize that securing equal access to communication isn’t just about the glue that holds conversations together between deaf and hearing people. It is a requisite healing factor in trauma-informed care and for the basic issues of choice, recognition, and human worthiness.

The Traumatic Stress Center is replete with special accommodations to bridge language inequality gaps. The Center has hosted classes in basic ASL, secured the use of a videophone, and translated clinical assessment tools to ASL. Now on its staff is Danielle Previ, PhD, who practices with both the Traumatic Stress Center and the Neuropsychology Department at Kennedy Krieger. She is fluent in ASL, a graduate of Gallaudet University’s Clinical Psychology program, and deaf; her presence is a first for us in terms of representation of deaf culture. She said of her experiences in treating families at the Center: “I think that the fact that I am able to communicate directly in ASL with my patients is a profound experience for me because I am able to provide them with services that are so important in their healing process.”

The Unity clinic has come a long way in providing culturally sensitive care for deaf and hard of hearing families, and there is always room to grow.

■ *Casey Anderson, LCPC, RPT*



The nuances of deaf culture and communication are honored in addressing treatment needs at Unity Clinic, Center for Child and Family Traumatic Stress.

## 7<sup>TH</sup> BIENNIAL TRAUMA CONFERENCE BRIMS WITH FRESH PERSPECTIVES AND TOOLS

On October 3 and 4, 2019, the Center for Child and Family Traumatic Stress held its 7th Biennial Trauma Conference – *Addressing Trauma Across the Lifespan: A Social Justice Lens*. It was an enormous success by any measure.

We brought together the voices and perspectives of attendees from a wide variety of fields to examine ways to conceptualize social justice, and to introduce more creative ways to address present-day injustices in our communities. More than 200 attendees engaged in experiential, trauma-informed, and thought provoking exchanges on the complexity and traumatic impact of social injustice; and on ways to support social equity and cultural democracy for children and families affected by trauma. The conference also included poignant and powerful poetic performances by the DewMore Baltimore Youth Poetry Team. We wish to thank everyone who attended and contributed to making this year's conference so successful!



**At the Trauma Conference, Hector Adames, PsyD, Associate Professor at The Chicago School of Professional Psychology and Co-Director of the IC-RACE Lab, led a workshop on ethno-racial trauma and healing in an intersectional framework.**

Here are just a few of many highlights from the conference. Day 1 offered multiple workshops that allowed attendees to take a deep dive into compelling subject areas. Hector Adames, PsyD, Associate Professor at The Chicago School of Professional Psychology and Co-Director of the IC-RACE Lab (Immigration, Critical Race, And Cultural Equity Lab), riveted the attendees at his workshop entitled “Healing Ethno-Racial Trauma in a Time



**The 7th Biennial Trauma Conference drew more than 200 attendees to review, refresh, and collaborate in breakout sessions and workshops. Here, a rapt crowd filled the ballroom at the Sheraton Baltimore North Hotel, Towson, MD.**

of Hate: A Trauma-Informed Intersectional Framework.” He discussed the intersectionality theory and its relationship to ethno-racial trauma; the impact of interlocking systems of oppression; and how to stimulate healing from ethno-racial trauma using the HEART (Healing Ethno And Racial Trauma) framework. Participants left with new knowledge of an approach that engages individuals, families, and communities in the healing process.

*“I wish I could attend any talk that Dr. Adames gives in the future – I know that I’d be a better clinician as a result.”*

*“Dr. Adames included practical tips for integrating an intersectional framework into our practices, as well as additional authors for further learning, which was much appreciated.”*

Day 2 of the conference opened with a remarkable keynote address from Dr. Wizdom Powell, PhD, MPH, Director of the Health Disparities Institute and Associate Professor of Psychiatry at UConn Health. Her talk, entitled, “Speaking to the Wounds: Unpacking Racial Trauma and Developing Healing-Centered Responses for Boys & Men of Color (BMoC),” inspired the

attendees and added depth to their toolbox of strategies for developing more trauma-informed and healing centered responses for boys and men of color. Breakout sessions and workshops ran throughout the day. The workshops “Bridging Race and Equity into the Family Session,” presented by University of Maryland staff Christopher Beegle, Katherine Green, Wendy Shaia, EdD, and LaShonda Godwin; and “Traumatized Children with Intellectual and Developmental Disorders: Prevalence, Bias and Neurodiversity,” presented by Daniel Hoover, PhD, of the Traumatic Stress Center, gave participants techniques for incorporating a social justice lens and practical strategies that can be easily integrated into daily practice. Attendees said of their chosen events:

*“The presentation supported self-reflection and other ways of thinking about clinical work.”*

*“I was able to leave the workshop with action steps to take back to my school the very next day. THIS is what I want from a conference!”*

■ **Danielle Gregg, MA**



We can't wait to share what we have in store for the 8th Biennial Trauma Conference in 2021, at the Center for Child and Family Traumatic Stress at Kennedy Krieger Institute!

## INTERVENTION INSIGHTS

# FOR LATINO FAMILIES, AVANZA! CLINIC BRIDGES LANGUAGE AND CULTURE GAPS TO TREAT TRAUMA

The AVANZA! Clinic (Latino Families Moving Forward) was created in response to the growing need for trauma-informed and culturally competent mental health services for Latino families in the Baltimore area. At the time of the clinic's inception, almost 11 years ago, the Latino community was well on its way to becoming the fastest growing ethnic group in the city. The Traumatic Stress Center recognized that many of the Latino families had recently immigrated, and that the Center would best meet their mental health needs by offering them trauma-informed care in their primary language, and with understanding and regard for their cultural values and beliefs.

The Latino community in Baltimore is an incredibly diverse and heterogeneous group. So too are the families we serve at AVANZA! Clinic, who have come here from the towns and cities of Mexico, Central America, South America, and the Caribbean. Many of them have been at risk of and have experienced complex trauma exposures throughout the immigration experience. In their home countries, they were often subjected to trauma arising from gang activity, community violence, domestic abuse, severe poverty, and corrupt government practices – any or all of which had finally forced them to decide to leave for the United States. While traveling to the U.S., many migrants experienced re-victimization through both direct and indirect exposure to physical abuse, verbal abuse, rape, kidnapping, extortion, and murder. Once in the U.S., survivors often encounter significant acculturative stressors, such as discrimination, unemployment, risk of apprehension and deportation, language barriers, and separation from family and community of origin. Further, they may experience losses pertaining to professional status, culture, and a sense of acceptance. Clinicians and service providers in Baltimore, facing the unique needs of Latino immigrant families and the complexity of their trauma experiences, have sought ways to help more effectively.

One of the most effective ways that AVANZA! helps families is by creating a safe space for working through the incredibly arduous and traumatic events they have experienced. They are offered not only evidence-based mental health treatment but the support of an infrastructure that will help them access this treatment. For example, to mitigate socioeconomic barriers to our mental health services, AVANZA! secures alternate funding that allows us to provide care to immigrant families who lack health insurance. We also provide transportation for those families who would otherwise have problems getting here.

We are particularly cognizant of cultural factors that influence Latinos' attitudes and perceptions about mental health care, which may deter them from accessing it. From the moment families contact us seeking services, they are introduced to a bilingual and bicultural care team that is not only Spanish speaking but can connect to the family in a trauma-informed and culturally sensitive manner. This arrangement gives families a sense of familiarity and safety at a time when their day-to-day interactions in the

community are often fraught with fear and confusion. It is with this foundation that we are able to deliver quality mental health treatment to our Latino families.

Our staff at AVANZA! – social workers, clinical professional counselors, child psychiatrists, and case managers – have been trained in trauma-informed, evidence-based treatments, and have modified them in accordance with cultural adaptation guidelines. We also offer services to Latino caregivers of existing clients, through both individual adult services and our annual Caregiver Support Group.



AVANZA! staff members (back row, L to R) Jonathan Rosenblum, Gabriela Renderos, Marilyn Camacho, and Dulce Mateo-Burgos; and (front row, L to R) Monica Beltran, Lyda Holguin, and Leslie Hoegg.

AVANZA! is committed to addressing social inequities in the Latino community we serve. Accordingly, we regularly collaborate with community partners. For example, AVANZA! clinicians serve on the Baltimore City Hispanic Advisory Council for Public Safety to help foster the trust and participation of the Latino community in local law enforcement. Our participation in the Latino Providers Network has facilitated opportunities for advocacy, education, and networking. AVANZA! is also creating new opportunities for community outreach through collaborations with Johns Hopkins Centro SOL (Salud/ Health and Opportunities for Latinos) and The Newcomer Project at Baltimore County Public Schools.

All things considered, the AVANZA! Clinic's greatest accomplishments emerge from the meaningful connections we make with the Latino families we serve. We are privileged as clinicians to be entrusted with the opportunity to bear witness to each of our family's stories. We are honored to play a small role in their journey towards healing.

■ **Marilyn Camacho, LCPC**

## ...ON DAY OF SERVICE WE LEND HANDS CITYWIDE

community. It was also a way for us to show our appreciation for the many programs that so actively promote healing for these families. This year – a year that included harsh criticism of the city of Baltimore, and the loss of a historic leader – the Day of Service was especially meaningful for our staff members. They demonstrated pride in the city and commitment to its progress.

### ART WITH A HEART

Art With a Heart is a nonprofit organization that works with local schools, shelters, hospitals, and residential housing programs to bring interactive art classes and creative experiences to youth and families. The group is known for designing and helping create beautiful mosaic art pieces – like the one that now brightens the hallway of the Traumatic Stress Center (see page 8 of this newsletter for more on our mosaic project). Founded in 2000, Art With a Heart began with just four small classes per week; today it offers 14,500 classes annually!

On the Day of Service, our staff members helped prepare art pieces for the Shop and Bop fundraising event at Art With a Heart. We worked on pieces that had originally been created for community programs (such as The ARC Baltimore) but required minor additions and hanging hardware to be ready for sale. Jessica Chamaine Moore, administrative assistant at the Traumatic Stress Center, said about her experience at Art With a Heart, “I wanted something outside of what I’ve usually done volunteering. Their mission is courageous – to get others to understand how art can be beneficial both from a therapeutic and trade standpoint.”

### THE BEA GADDY FAMILY CENTER

Bea Gaddy was and is a Baltimore icon. In order to provide food to her own family, Bea Gaddy reached out to churches and other charitable organizations for food donations, and then began to distribute the donations to her neighbors. In 1981, she named this effort the Patterson Park Emergency Food Center, which has expanded over the decades and now reaches thousands of Baltimore residents. It provides food, clothing, and baby items – and a yearly Thanksgiving feast known as the Thanks for Giving Campaign, which serves more than 50,000 meals.

Yvonne Summers-White, administrative assistant in research at the Traumatic Stress Center, spoke about her Day of Service spent at Bea Gaddy prepping and rotating food, making food baskets, and distributing the baskets to families. “I like that it’s a truly grassroots organization,” she said. “We actually got to meet the folks we were serving, and it’s right here in our community – Mid East Baltimore.”

### BELIEVE IN TOMORROW CHILDREN’S HOUSE

The Believe in Tomorrow Children’s Foundation is a nonprofit organization that provides hospital and respite housing and services to critically ill children and their families. The foundation’s mission is to keep families together and as comfortable and free of other stressors as possible while their child receives treatment.



Back row, L to R: Dulce Mateo-Burgos, Priscilla Conway, Miguel Roberts, and Michele Stelmachovicz. Front row, L to R: Bradley Grant, Jackie Martinez, and Jon Rosenblum. Site of service: Fort McHenry National Monument.

In Baltimore, the Believe in Tomorrow Children’s Foundation operates the Children’s House at Johns Hopkins, located close to the Hopkins campus. It offers housing and meals, and is able to accommodate 15 families on any given night. They can participate in activities and receive support from staff and from other families coping with a child’s illness.

At the Children’s House, our staff members helped to clean and prepare rooms for families, organize the food pantry, and sterilize toys. Jamie Sharkey, Director of Business Operations at Kennedy



Back: Danyelle Crawford. Front, L to R: Danielle Gregg, Julia Mancini, and Paul Brylske. Site of service: Believe in Tomorrow Children’s House.

Krieger Institute, said that volunteering there felt like a way to give back to families who are experiencing the trauma of caring for a critically ill child. She was grateful for the experience: “Their mission, which is to take away some of the stressors these families have to experience, feels similar to our mission of helping heal the families we serve.”

The Annual Day of Service gave our staff the opportunity to support the community and to

celebrate the city of Baltimore and its unique spirit. We also donated 50 travel bags to the Baltimore Social Services Department, so that kids moving to new placements would have something nice to put their belongings in. We hope to continue to show our support to our partners in the common mission of supporting and healing children and families.

■ *Emily Driscoll-Roe, LCSW-C*

## ...TRUMP ERA HOMELAND SECURITY POLICIES

Institute Community Partnership Fund at Christiana Care Health System; Tameka D. Tunsil, MEd, LPC, CCTP, Clinical Supervisor of Behavioral Health Outpatient Programs of Fairfax County (Virginia) Government; and Danielle G. Dooley, MD, MPhil, FAAP, Medical Director of Community Affairs and Population Health in the Child Health Advocacy Institute, Children's National Health System. I want to share my opening testimony about the issue at hand: the deleterious impact of policies of family separation and placement of children in group care detention.

*"There is a part of me that thinks it is crazy that one would need an expert to comment on our Administration's policies affecting children at the border. However, since you have asked me to come here as an expert, I'll state emphatically for the record, that these policies are bad.*

*Firstly, we know that separation of a child from his or her parent is, in and of itself, traumatic. But beyond the experience of separation, the majority of children coming to our nation's borders have experienced significant adversity in their countries of origin. They have witnessed severe violence, been victims of violence, and lost loved ones to violence. From our research and the work of others, we know the most important factor in promoting resilience and recovery among traumatized children is positive support from a parent. Parental and other positive supports decrease the likelihood of children developing depression and PTSD; minimize the likelihood of abnormalities of the hypothalamic pituitary adrenal axis stress response; significantly moderate the vulnerability conferred by high-risk genes associated with psychopathology; and reduce the impact of trauma on brain systems involved in threat processing and emotion regulation. An absence of supports and exposure to ongoing adversity are also among the strongest predictors of PTSD chronicity. In separating children from their parents, we are drastically increasing the likelihood of long-term deleterious outcomes among an already vulnerable population of children.*

*After separation from parents, the placement of youth in group care detention centers further increases the risk for long-term negative outcomes. I was part of an international group of researchers who reviewed data on the effects of group care. These housing situations are not just harmful for infants and young children, they are also detrimental for older children and adolescents. When compared with children placed in family care settings, children in group care settings are at higher risk of physical and sexual abuse and a host of other negative outcomes. The longer children are in group settings, the worse the effects.*

*There have been efforts to provide children in the detention centers with mental health services. However, when parents don't participate in children's therapy, the beneficial impact of our best evidence-based treatments is significantly reduced. The practice of family separation is making the interventions being implemented in the detention centers less effective.*



Placement of immigrating children in group detention removes their primary supports, increases the risk of negative outcomes, and decreases the efficacy of evidence-based trauma treatments.



Doris Browne, MD, MPH (at podium), moderated a recent panel discussion of the adverse effects of homeland security policies on children. Panelists were (seated L to R): Joan Kaufman, PhD; Marshala Lee, MD, MPH; Tameka D. Tunsil, MEd, LPC, CCTP; and Danielle G. Dooley, MD, MPhil, FAAP.

*In closing, the practices of family separation and placement of children in group detention centers are bad for three main reasons: 1) these actions separate children from their primary supports, and the availability of positive supports is the single most important factor in promoting resilience and recovery of traumatized children; 2) group care increases children's risk for physical and sexual abuse and a host of other negative outcomes; and 3) separation eliminates the possibility of parents participating in children's therapy while in detention, decreasing the efficacy of the best available evidence-based trauma treatments."*

Each of the other panelists gave compelling testimony on the treatment of children in facilities at the border. Did our testimonies make one iota of a difference in the Administration's policies toward children at the border? Unlikely. The session was not well attended. The majority of people in the audience appeared to already be convinced about the negative impact of the policies, and folks who support the policies did not even bother to attend. Nonetheless, when given the opportunity, we must continue to give voice to those who cannot be heard and to advocate for policies and practices that we know increase the likelihood of the best outcomes for vulnerable children and families.

■ **Joan Kaufman, PhD**

# MOSAIC MURAL: ASSEMBLED AND WELCOMING



The completed mosaic brought together all individual squares. The squares signify (counterclockwise starting top left and ending center):

- Many Thoughts
- Expressing with Art
- Staying Calm with Yoga
- Home
- Tools and Skills Learned in Therapy
- Learning to Get Along
- Take Time to Rest
- Pulling it All Together into My Story
- A Healthy Tree, Growing and Developing



Good things are worth the wait. With money raised through Kennedy Krieger’s 2016 ROAR for Kids, our team at the Traumatic Stress Center, in collaboration with Art With a Heart, created a bright and colorful design for a mosaic mural to enhance the hallway outside our Community Room. Now assembled and hung on the wall, the mosaic provides a warm welcome to families and commemorates our move to a permanent space just one year ago.

The mosaic assembly project, led by Betsy Offermann, LCSW-C, Social Work Manager, took place over a week in June 2019. Children, teens, caregivers, and staff members worked side by side to fill in the nine individual “quilt square” designs with small pieces of colorful ceramic and glass. Each completed square was transferred onto a single 4x4 foot panel. The mosaic illustrates the therapy experience in a clear and understandable way. The finished product is eye-catching and vibrant, and will be enjoyed in our hallway for many years to come.

■ **Sarah A. Gardner, LCSW-C**

(All photos courtesy of Sarah A. Gardner)



Detailed hands clasp each other in the Learning to Get Along square.



Starting with the edges, the My Story square takes shape.



Alicia James and her daughter laid in the pieces for the Many Thoughts square of the mosaic.



Center therapist Jon Rosenblum (at right) teamed with Jose Alvarado of Art With a Heart to assemble Tools and Skills Learned in Therapy.