Supporting Youth in the Aftermath of Crisis, Trauma, and Loss: A Clinician's Guide

Marisa Nowitz, MSW, LCSW-S
Vice President of Education and Training
Trauma and Grief (TAG) Center
Meadows Mental Health Policy Institute

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Overview

- Introductions
- Supporting Youth Exposed to Trauma and Loss (Part 1)
  - *Trauma and Grief Overview*
  - *Supporting Youth*
- Break
- Beyond Burnout: Exploring the Cost of Caring (Part 2)
  - *Strategies to Enhance Resilience*
- Wrap-up

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Creating a Safe Space

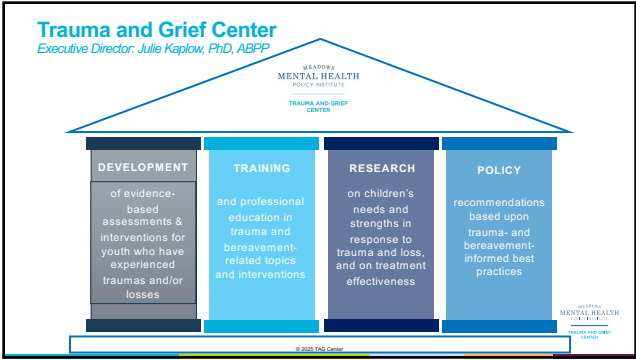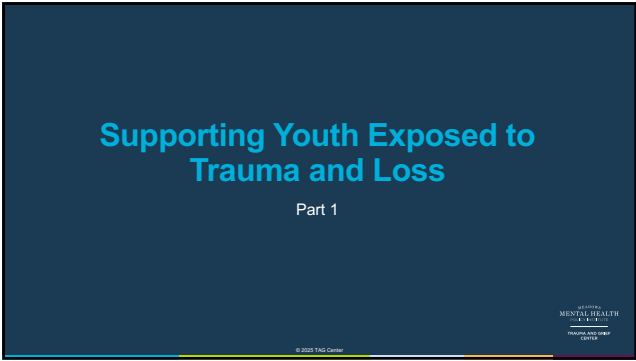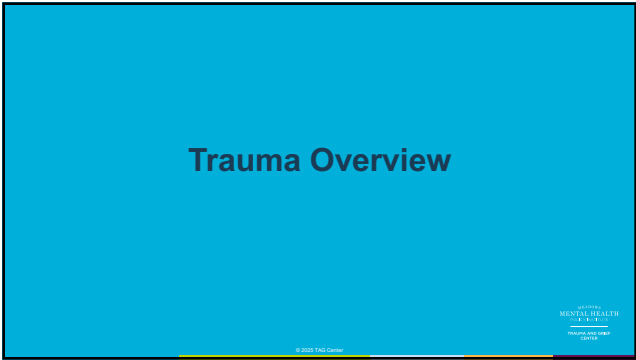|	
🔇	This is Vegas (practice confidentiality).
🤝	While you are invited to share your personal experiences as you feel comfortable, please keep in mind this is not a therapeutic environment.
👥	You have full permission to speak in "rough draft." Lead with curiosity and reflect on/notice any judgments. "I" statements are encouraged.
🔒	Most importantly – take care of yourself and practice self-compassion.

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Trauma and Grief Center
Executive Director: Julie Kaplow, PhD, ABPP

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DEVELOPMENT	TRAINING	RESEARCH	POLICY
of evidence-based assessments & interventions for youth who have experienced traumas and/or losses	and professional education in trauma and bereavement-related topics and interventions	on children's needs and strengths in response to trauma and loss, and on treatment effectiveness	recommendations based upon trauma- and bereavement-informed best practices

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Supporting Youth Exposed to Trauma and Loss

Part 1

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Trauma Overview

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How do you determine if an experience is "traumatic" or just really stressful??

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What is Trauma?

The experience of a real or **perceived** threat to life or bodily integrity

OR

the life or bodily integrity of a loved one

AND

causes an **overwhelming** sense of terror, horror, helplessness, and fear

Source: NCTSN "Think Trauma" Training (2012)
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Types of Traumas

Acute Trauma		**Chronic** Trauma	
car accident	hurricane	domestic violence	child abuse/ neglect
bereavement	mass violence	poverty	community violence

More than two thirds of children reported at least one traumatic event by age 16.
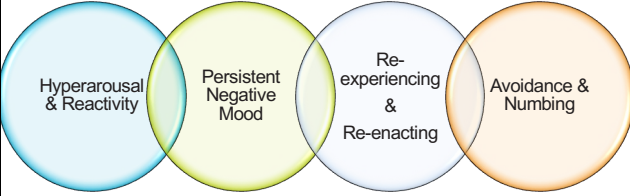
(Copeland, W.E. et al., 2007)
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Posttraumatic Stress

Psychological or behavioral reactions that can arise in response to trauma

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Categories of Traumatic Stress Reactions

- Hyperarousal & Reactivity
- Persistent Negative Mood
- Re-experiencing & Re-enacting
- Avoidance & Numbing

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Traumatic stress is a *"normal"* response to an *abnormal* event.

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Getting Stuck in "Alarm" Mode

- Fight
- Flight
- Freeze
- Fawn
- Survival Coping

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Traumatic stress reactions can look like…

Anxiety
Fear and worry about the safety of self, family, friends

ADHD
Increased activity level, decreased concentration

Depression
Increased irritability, changes in sleep, lack of interest/pleasure in doing things

Conduct Problems
Aggression, angry outbursts

Physical Illness
Aches and pains with no medical explanation, frequent doctor visits
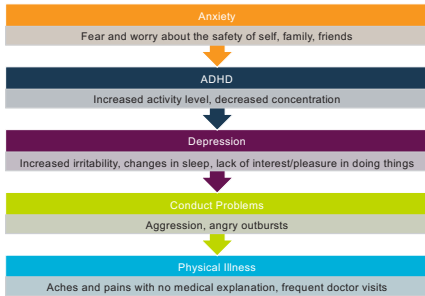
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Long-Term Consequences of Unaddressed Trauma

- Smaller brain volume
- Depression
- Suicide risk
- School problems
- Problems with peer relations
- Substance/drug abuse
- Violent behavior
- Delinquent behavior
- Intergenerational transmission of trauma/traumatic stress
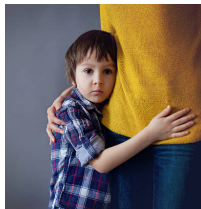
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Grief Overview

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Bereavement
experience of deprivation or loss by death

Grief
psychological or behavioral **response** arising from bereavement

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Why Focus on Bereavement?

Most frequently reported type of trauma in clinic-referred youth
(Pynoos et al., 2014)

Most common form of trauma worldwide
(Burns et al., 2020)

Most distressing form of trauma among adults and youth in the general population
(Breslau et al., 2004; Kaplow et al., 2010)

Strongest predictor of poor school outcomes above and beyond any other form of trauma
(Oosterhoff et al., 2018)

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Grief True/False Game

1. Most types of grief reactions can be "normal" and healthy.
2. After someone close dies, all kids get over their painful feelings after about 6-12 months.
3. It's best not to talk about the person who died- that way it will be easier for you to move on with your life.
4. Grief reactions always stay the same over time.
5. After someone we feel close to dies, we will never be truly happy again.
6. Sometimes we may feel relieved when a person dies.

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Important Facts About Grief

❖ Most children who experience bereavement will go on to lead healthy, happy, productive lives.

❖ There is no "right" or "wrong" way to grieve.

❖ There is no set timeline for grief.

❖ Grief is not a problem to be fixed. It is a natural part of life and a reflection of the relationship we had with the person who died.

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Children's <u>grief</u> reactions

(not simply <u>bereavement</u>) play an important role in

future psychological functioning.

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How Do Children Typically Grieve?

- "Typical" grief reactions are hard to define.
- Very few large studies of bereaved children… even fewer studies of bereaved children followed over time.. even fewer with diverse populations
- Grief reactions influenced by:
  - developmental level
  - previous life experiences
  - relationship to deceased
  - culture
  - religious/spiritual beliefs
  - family
  - social environment
  - cause of death
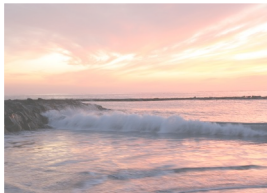
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Typical Grief Reactions

- Can be very intense (pining, yearning, sadness, anger or protest over the loss).
- Are often at least temporarily associated with decreased functioning.
- Typically transition from pain to more pleasant reminiscing over time.

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Grief Within a Cultural Context
(Samuel, J., 2023)

Cultural factors that impact grieving may include:

- Religious beliefs about the afterlife
- Norms regarding emotional expression
- Family dynamics and gender roles
- Mourning rituals and customs for honoring the deceased

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Children's grief is not a "Mini-Me" version of adult grief

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Prolonged Grief Disorder (PGD)

- For diagnosis of a child, the death had to have occurred at least 6 months ago, symptoms must be present for at least a month and be intense enough to cause impairment.
- Approximately 10-20% of bereaved youth develop PGD, but most studies have focused on middle class, Caucasian youth only.
- Rates are closer to 20% among youth exposed to homicide
- Informed by Multidimensional Grief Theory

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Multidimensional Grief Theory
(Layne, Kaplow, & Pynoos, 2011)

Separation Distress

Existential / Identity Distress

Circumstance-Related Distress

Adaptive/Helpful ← → Maladaptive/Unhelpful

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A multidimensional framework is important because…

Distinct dimensions of grief:

❖ May be more prominent at certain developmental stages

❖ May not be present in all bereaved populations

❖ Require different treatment components

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Grief in the Context of Ambiguous Loss
(Boss, 1999)

Ambiguous loss differs from ordinary loss in that

• No verification of death (e.g., person is missing)

• No certainty the person will come back

• No guarantee things will return to the way they used to be

Two types of ambiguous loss:

• Person is physically missing

• Person is psychologically absent (i.e., emotionally or cognitively missing)

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Hypothesized Risk Factors For Childhood Maladaptive Grief

• Previous traumas

• Older children (teens)

• Prior mental health problems

• Avoidant coping strategies

• Impaired functioning of surviving parent

• Lack of social support

• Frequent exposure to trauma/loss reminders

• Secondary problems following death

• Circumstances of the death

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Trauma and Loss Reminders

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Trauma and Loss Reminders
(Layne, et al., 2006)

Trauma Reminders	Loss Reminders
• Images, sounds, smells, people, situations that remind child of the traumatic event • Often lead to PTSD • Always distressing • Rooted in the past	• Images, sounds, smells, people, situations that remind child of the absence of the person who died • Often lead to grief reactions • Rooted in the future

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Common Trauma and Loss Reminders Following Mass Violence

Trauma Reminders PAST

People, places, situations (school, people who were there, fire drills)

Sounds, sights (loud noises, fireworks, crying, yelling)

Time/date (same day of week, month of the year)

Bodily sensations (heart pounding, hands trembling, hunger)

Emotions (fear, sadness, anger, shame)

Loss Reminders FUTURE

Empty situations (classes, extracurricular activities)

Shared activities (video games, recess, favorite music)

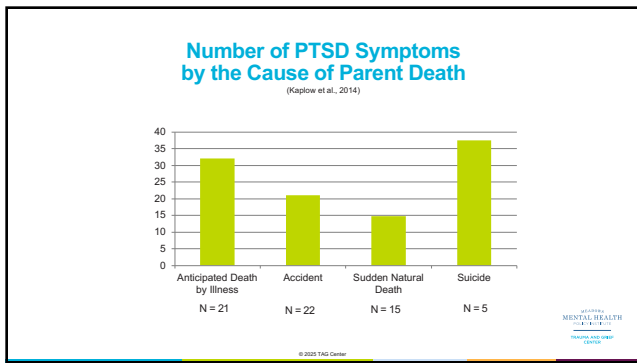Celebrations/events (birthdays, graduation, holidays)

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**How do we define
"traumatic bereavement?"**

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**Number of PTSD Symptoms
by the Cause of Parent Death**
(Kaplow et al., 2014)

	Anticipated Death by Illness	Accident	Sudden Natural Death	Suicide
	N = 21	N = 22	N = 15	N = 5

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Grief-Related Risk Factors by Cause of Parent Death

Legend: Anticipated, Sudden Natural

Categories: Painful or Uncomfortable Death; Parent Upset or Sad Last Week of Life; Self-Blame for Parent's Death; Child Sad, Worried, Moody prior to Parent's Death; Comfort Talking to Surviving Caregiver about Death

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Consequences of Untreated Maladaptive Grief
(Kaplow et al., 2008)

• Relationship problems
• Substance abuse
• Police involvement (criminal behavior)
• School drop-out, poor school grades
• Violence (revenge)
• Depression and suicidal thoughts/behaviors

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Why distinguish PTSD from grief?

✓ PTSD and grief are not the same thing
✓ Have different precipitating factors
✓ Have different physiological effects
✓ Require different assessment tools
✓ Require different practice elements

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Supporting Youth

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Normalization is key to stigma reduction.

"Leave your boots and your feelings at the door."

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Not everyone exposed needs the same level of care.

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Not everyone needs the same level of care.

Circumstantial risk factors
- Life threat (severe injury)
- Exposure to graphic scenes
- Death of a loved one

Preexisting risk factors
- History of mental health issues
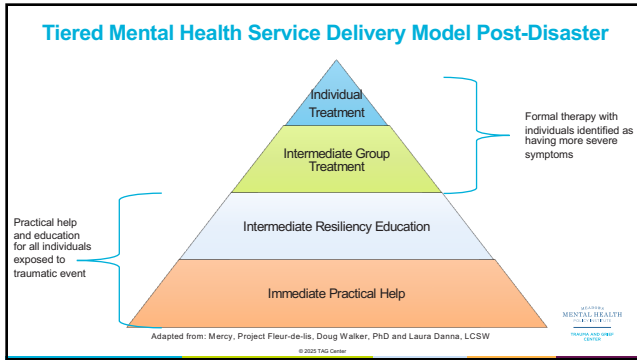- Prior traumas and/or losses
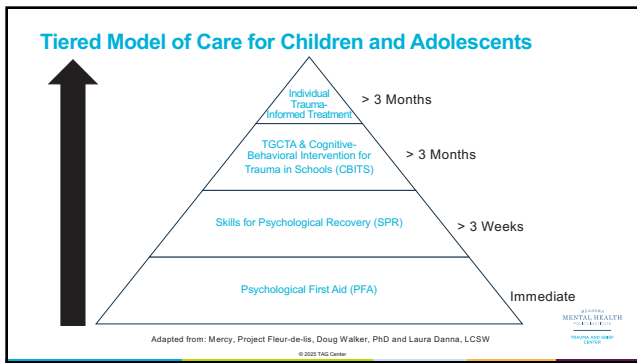
Environmental risk factors
- Caregiver impairment
- Exposure to trauma and loss reminders

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Tiered Mental Health Service Delivery Model Post-Disaster

Individual Treatment

Intermediate Group Treatment

Intermediate Resiliency Education

Immediate Practical Help

Formal therapy with individuals identified as having more severe symptoms

Practical help and education for all individuals exposed to traumatic event

Adapted from: Mercy, Project Fleur-de-lis, Doug Walker, PhD and Laura Danna, LCSW

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Tiered Model of Care for Children and Adolescents

Individual Trauma-Informed Treatment — > 3 Months

TGCTA & Cognitive-Behavioral Intervention for Trauma in Schools (CBITS) — > 3 Months

Skills for Psychological Recovery (SPR) — > 3 Weeks

Psychological First Aid (PFA) — Immediate

Adapted from: Mercy, Project Fleur-de-lis, Doug Walker, PhD and Laura Danna, LCSW

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Evidence-Based Risk Screening

PGD Checklist - Short Form

(Layne, Kaplow, & Pynoos, 2023)

PTSD RI-5-VBF

(Pynoos, R.S. & Steinberg, 2023)

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THE HACKETT CENTER FOR MENTAL HEALTH

Trauma & Grief Center

The primary purpose of the Trauma and Grief (TAG) Center at The Hackett Center for Mental Health is to raise the standard of care and increase access to best-practice care among traumatized and bereaved children, adolescents, and their families.

Learn more about the TAG Center

- DOWNLOAD BROCHURE
- VIRTUAL LEARNING LIBRARY
- SCREENING TOOLS FOR YOUTH
- TAG COALITION ROSTER

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Trauma and Grief Component Therapy for Adolescents
(Saltzman et al., 2017)

Module I	Module II	Module III	Module IV
• Group Cohesion • Psycho-Education • Basic Coping Skills • 8 Sessions	• Trauma Processing • Session number depends on participants	• Grief Processing • 6 Sessions	• Resuming Developmental Progression • Moving Forward • 4 Sessions

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Evidence of TGCTA's Effectiveness
(Grassetti et al., 2015; Layne et al., 2001; 2008; Saltzman et al., 2006)

Results of effectiveness studies showed:
- Reductions in PTSD, depression, and unhelpful grief reactions
- Improved school behaviors include:
  - enhanced classroom rule compliance
  - enhanced positive peer relationships
  - enhanced school performance
  - increased school interest
  - decreased school anxiety/withdrawal
  - decreased violence

TRAUMA AND GRIEF COMPONENT THERAPY FOR ADOLESCENTS

A Modular Approach to Treating Traumatized and Bereaved Youth

WILLIAM SALTZMAN
CHRISTOPHER M. LAYNE
ROBERT PYNOOS
ERNA DEAPSON
JULIE KAPLOW
BARBARA BOAT

CAMBRIDGE   Medicine

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Multidimensional Grief Therapy
(Kaplow et al., 2023)

- An assessment-driven intervention based on Multidimensional Grief Theory
- Designed to promote adaptive grief reactions and reduce unhelpful grief reactions
- First evidence-based, grief-focused intervention for children and adolescents that directly addresses the three primary domains of grief
- Provides a "continuum" of grief-informed care given its tiered approach
- Can be used individually or in groups

MULTIDIMENSIONAL
GRIEF THERAPY
A Flexible Approach to Assessing
and Supporting Bereaved Youth

Julie B. Kaplow, Christopher M. Layne,
Robert S. Pynoos & William Saltzman

CAMBRIDGE Medicine
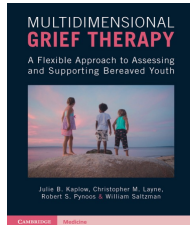
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MGT Treatment Effects on Psychological Distress
(Hill et al., 2019)

Significant reductions in symptoms of distress after receiving Phase I

- 40-47% decrease in symptoms after receiving Phase I of MGT

And after receiving Phase II
- Among youth who received Phase II, symptoms decreased an additional 22-44% from T2

Treatment effects were consistent across race, age, gender, and time since death.

Grief Reaction
- Circumstance Distress
- Ex/Identity Distress
- Separation Distress

Note: Red line represents cut off for clinically elevated symptoms
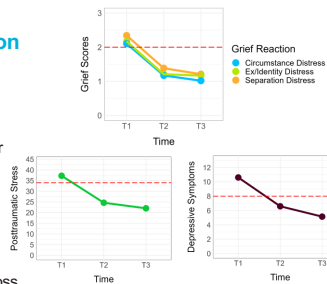
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Asking the Million Dollar Question

PLEASE DON'T
ASK QUESTIONS

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What's *WRONG* with you?

What *HAPPENED* to you?

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Creating Trauma- and Grief-Informed Spaces

Recognize that behaviors may be in direct response to trauma or loss

Create a safe space

Encourage youth to lead the way in sharing

Create opportunities for connection

Provide opportunities for choice when appropriate

Use your supports

Incorporate social-emotional supports into the routine

Make accommodations, modifications when appropriate

Monitor your own reactions and take care of yourself!

Adapted from *Child Trauma Toolkit for Educators*, NCTSN (2008)
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Deep Breathing – The Invisible Coping Strategy

STAR BREATHING
Free Printable for Self Regulation

Take a Deep Breath
Smell the flower   Blow the pinwheel

Calming strategy
Rainbow breathing

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Feelings Faces

FEELINGS FACES

Trauma and Grief Component Therapy for Adolescents
(Saltzman et al., 2017)

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Feeling Chart Options

HOW ARE YOU FEELING?

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Helpful Coping Strategies

Read a book	Weighted blanket	Eat ice
Write in a journal	Talk to a friend	Suck on sour candy
Exercise	Watch TV	Wash your face or hands
Deep breathing	Sleep	Pray
Think about something calm	Play a game or video game	Play with toys or puzzles
Listen to music	Meditate	Color
Sing	Do yoga or Tai Chi	Take a walk
Lift weights	Play sports	Count
Play an instrument	Paint or draw	Use a stress ball
Dance	Do a craft	

Source: NCTSN "Think Trauma" Training (2012)

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When to Seek Support

- Behaviors impact different parts of child's daily life (school, home, with peers)
- Extreme signs of depression (tearful, not able to get out of bed in the morning)
- Any gesture related to self-harm or mention of suicidal or homicidal ideation
- Signs of possible PTSD
- When in doubt, refer out!

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What Promotes Resilience in Youth?

Family Support

Spiritual Beliefs

Peer Support

School Connectedness

Competence

Self-esteem

Self-efficacy
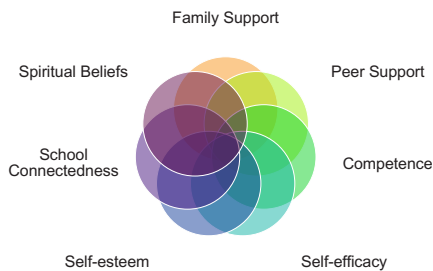
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BREAK TIME!

Enjoy a 15-minute break.

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**Beyond Burnout:
Exploring the Cost of Caring**

Part 2

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Being "Trauma-Informed"

A program, organization, or system that is trauma-informed realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re-traumatization.

Source: SAMHSA (2014)
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Provider Resilience

Sense of Safety

Coping Strategies

Connection

Self-efficacy

Hope

Self-confidence

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The Cost of Caring

| Secondary Traumatic Stress | Vicarious Trauma/Grief | Compassion Fatigue | Moral Distress | Burnout |

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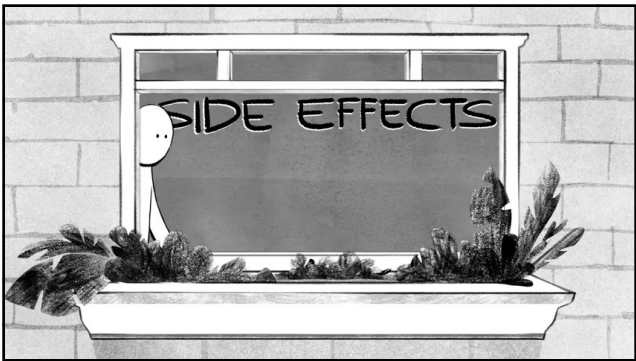
Warning Signs

Chronic Exhaustion · Avoidance · Disconnection · Social Withdrawal · Diminished Self-Care · Survival Coping · Poor Boundaries · Insensitivity to Violence or Injustice · Anger/Cynicism · Illness

Slide Credit: NCTSN "Think Trauma" Training (2012)
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Risk Factors

	Personal	History of unresolved trauma/loss Pre-existing psychological conditions Isolation Inadequate support system Empathic

	Professional	Lack of quality supervision High percentage of trauma in caseload Lack of professional support system Inadequate training Lack of experience

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Spoiler Alert:

YOU ARE NOT SUPERHUMAN.

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Reaping The Rewards

Compassion Satisfaction
Deriving pleasure from helping others

Vicarious Resilience
Positive transformation as a result of bearing witness to individuals overcoming adversity

Vicarious Transformation
Ongoing, internal process that results in a sense of connection with others, a greater appreciation for one's life, and a greater sense of meaning and hope

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The "S" Word

Self-care is the ability to engage in helping others without sacrificing other important parts of one's life.

Source: NCTSN "Think Trauma" Training (2012)
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Cultural Considerations
(Jönsson, et al., 2020)

Cultural factors that can influence beliefs surrounding self-care practices may include:

- Dietary traditions
- Family structure
- Beliefs about self-care
- Religious practices
- Beliefs about physical activity
- Beliefs regarding medical care

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"Self-Care"
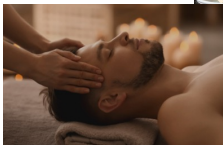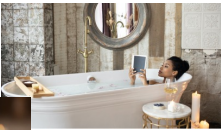
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Strategies to Enhance Resilience

Prevention, Identification, and Intervention

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Prevention Strategies
- Psycho-education
- Clinical supervision
- Ongoing skills training
- Self-report
- Balanced caseloads
- Flex-time scheduling
- Peer supports
- Evidence-based practices

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Reflective Supervision Model

Can use informal assessment tools during supervision

Fosters professional and personal development

Attentive to emotional content of work at hand

Explores how the provider's responses may impact interactions with patients/clients

Model promotes awareness

Can provide a structure for screening for signs of STS

Creates opportunities to develop policies and procedures for issues as they arise

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Identification

Screeners for Secondary Traumatic Stress

Home / Projects and Programs / STS-ISC / Screeners For Secondary Traumatic Stress

Secondary Traumatic Stress
Take this screener to see if secondary traumatic stress is an issue for you.

TAKE STS SCREENER

Moral Distress
Take this screener to see if moral distress is an issue for you.

TAKE MORAL DISTRESS SCREENER

Stress
Take this screener to see if stress is an issue for you.

TAKE PERCEIVED STRESS SCREENER

Burnout
Take this screener to see if burnout is an issue for you.

TAKE THE BURNOUT SCREENER

Compassion Satisfaction
Take this screener to see if compassion satisfaction is an issue for you.

TAKE THE COMPASSION SATISFACTION SCREENER

UK Center on Trauma and Children – Secondary Traumatic Stress Innovations and Solutions Center

PROFESSIONAL QUALITY OF LIFE SCALE (PROQOL)
COMPASSION SATISFACTION AND COMPASSION FATIGUE
(PROQOL) VERSION 5 (2009)

When you [help] people you have direct contact with their lives. As you may have found, your compassion for those you [help] can affect you in positive and negative ways. Below are some questions about your experiences, both positive and negative, as a [helper]. Consider each of the following questions about you and your current work situation. Select the number that honestly reflects how frequently you experienced these things in the last 30 days.

1=Never   2=Rarely   3=Sometimes   4=Often   5=Very Often

1. I am happy.
2. I am preoccupied with more than one person I [help].
3. I get satisfaction from being able to [help] people.
4. I feel connected to others.
5. I jump or am startled by unexpected sounds.
6. I feel invigorated after working with those I [help].
7. I find it difficult to separate my personal life from my life as a [helper].
8. I am not as productive at work because I am losing sleep over traumatic experiences of a person I [help].
9. I think that I might have been affected by the traumatic stress of those I [help].
10. I feel trapped by my job as a [helper].
11. Because of my [helping], I have felt "on edge" about various things.
12. I like my work as a [helper].
13. I feel depressed because of the traumatic experiences of the people I [help].
14. I feel as though I am experiencing the trauma of someone I have [helped].
15. I have beliefs that sustain me.
16. I am pleased with how I am able to keep up with [helping] techniques and protocols.
17. I am the person I always wanted to be.

ProQol.org

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Boundary Setting

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Skills for Setting Boundaries

- Put guilt in the background
- Silence the "noise" from others
- Know your three choices (yes, no, negotiate)
- Clearly communicate your boundaries

Pooja Lakshmin, MD
Real Self-Care: A Transformative Program for Redefining Wellness (Crystals, Cleanses, and Bubble Baths Not Included) (2023)

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When You Don't Know What to Say

I wish I could, but right now I'm swamped. Let's check-in next week.

Thank you so much for thinking of me for this role, but I'm prioritizing _____ at the moment. I'm happy to consider this at another time.

I've had some schedule changes and need to move our call.

I'm not able to give that the full attention it deserves right now.

Other ideas?

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Self-Compassion

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Tools for Nurturing Self-Compassion

Add "ouch" to your vocabulary	→	Invest in receiving	→	Connect with your body

Adapted from: Pooja Lakshmin, MD
Real Self-Care: A Transformative Program for Redefining Wellness (Crystals, Cleanses, and Bubble Baths Not Included), 2023
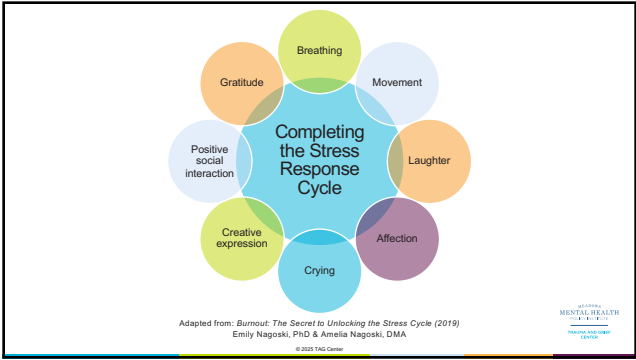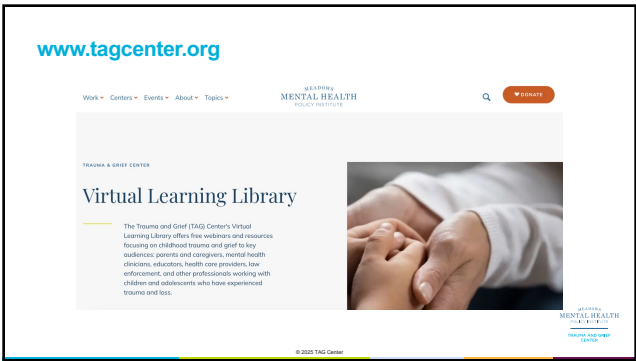
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Contact the TAG Center

Marisa Nowitz, MSW, LCSW-S
Vice President of Education and Training
mnowitz@mmhpi.org

Julie Kaplow, PhD, ABPP
Executive Director
jkaplow@mmhpi.org

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Thank you!

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