



Funds Distribution Report

Recipient Organization:

Navos

Address:

1210 SW 136th St
Burien, WA 98166

Contact:

(206) 257-6600
<https://www.navos.org>

Organization's General Goals:

Our mission is to transform the quality of life for people vulnerable to mental illness and substance use disorders by providing a broad continuum of care.

Date of Award:

2022 Q4

Level:

\$500 to \$2,500

For more information, please read the attached report from Navos.

8802 27th Ave NE
Tulalip, WA 98271

TulalipCares.org

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JUN 06 2025 



P.O. Box 5269
Tacoma, WA 98415
253.403-1264
give.multicare.org

June 3, 2025

Tulalip Tribe Charitable Fund
8802 27th Avenue NE
Tulalip, WA 98271

Dear Ms. Gobin and Members of the Tulalip Tribe Board of Directors-

We are so incredibly grateful for the sustained and generous support of the Tulalip Tribe. In April of 2024, we received a grant to support our Infant and Early Childhood Mental Health (IECMH) program at Navos, and I wanted to provide you with a report and project update.

In 2025, we said goodbye to Haruko Watanabe, LMHC, IMH-E, the longtime leader of IECMH. Haruko was responsible for the development of IECMH at Navos, and while she will be greatly missed, we wish her the best in her new endeavors. Haruko's role was assumed by Erin Canete, LMFT, IMH-E, who is also a long-time clinician with IECMH. Work continued without interruption, and we're excited to see Erin realize her vision for IECMH Services at Navos.

IECMH provides Child-Parent Psychotherapy (CPP), an evidence-based trauma treatment for families with young children birth to 6 years of age, who have experienced chronic adversity or trauma. CPP is one of the few therapeutic models designed by and for people of color. The first randomized clinical trial was with children of Spanish-speaking Latinas who had been in the U.S. for less than five years and had experienced domestic violence (Lieberman et al., 1991). Fidelity measures include assessing impacts of immigration, racism and historical trauma on family functioning.

By now, it is widely known that Infant and Early Childhood Mental Health clinical work is a specialized field of work within larger behavioral health field that requires intensive and ongoing training and support to build clinician capacity, since none of the expertise content area are taught in most graduate school programs in counseling and related disciplines. Washington State designated CPP as a research-based model and found that there was a 96% chance that benefits would exceed costs, with a benefit to cost ratio of \$13.82 (WSIPP, 2019) when implemented to fidelity. Because of its multi-generational approach and return on investment, the *preventative* aspects CPP are also very important. To better illustrate the impact that IECMH services can make for families, I'd like to share the following story with you.

Michael (not his real name) was a 3-year-old African American boy in a local preschool program. The preschool program director called our Infant and Early Childhood Mental Health (IECMH) program to report a concern about Michael and about his mom, Ava, and communicated that they had let Mom know that if she didn't get some help for him, the family would be asked to leave the preschool.

The 2 teachers assigned to Michael's class were already highly stressed caring for 20 other children, often without proper breaks throughout the day due to staffing shortages. While teachers were used to most children settling into the rhythm of the school day within the first couple of months of joining the school, they were concerned that Michael continued to struggle several months into his joining their class. He would have difficulty settling during nap time, requiring one-one-one attention, and when playing with his peers during the day, something would set him off, where he would crash his body into the furniture, peers and teachers, as if he was tackling them. The teachers had to frequently call Ava to come and pick him up early from school whenever he was having a hard time and could not be comforted. This of course jeopardized the mother's work and she was becoming highly stressed.

Once our IECMH clinician met with Ava and Michael, we learned that Michael's father had been killed in a horrendous car accident almost a year prior, where the father's car was hit at a very high speed by a drunken driver. Michael was with him at the time and miraculously survived the accident with minor cuts on his arms and face. Ava was upset as she shared the story. "Michael still hates the car seat; it's a fight every time we have to go anywhere." Being in a car seat was never an issue for Michael until the accident happened, but he remembered their painful and scary experiences and carried those memories in his body. For Michael, reality confirmed his developmentally normative fear that terrifying things can happen where he can be abandoned and that really big and scary things can happen where important people can get hurt. Ava had also been stressed and depressed since the father's tragic death. At age 3, Michael was already picking up the message from his teachers that he wouldn't get to be part of the class unless he suppressed his needs.

In an intervention called Child-Parent Psychotherapy, a trauma treatment for young children and their caregivers, parents and primary caregivers are supported to understand the connection between children's behaviors and feelings and what they have been through and partner to find ways to support the child and the family.

As the clinical teams worked with Michael and Ava over time, we learned that when Michael was an infant, Mom had been getting harassed at work and would often come home highly stressed. When overwhelmed, she would be highly irritable and would react angrily when baby Michael was crying

of was “extra needy.” In such times, Ava would send Michael away with his father, where they would spend up to a week each time until the mother felt better and ready to have Michael back again. When the traumatic experiences of the parent are not metabolized, they get passed down to the next generation. With this understanding, Child-Parent Psychotherapy invests in partnering with

parents and caregivers to understand their own experiences that have led to their coping strategies that are impacting the way they are responding to their child. Michael’s Mother was carrying tremendous amount of unprocessed stress and trauma from her own childhood that was full of violence and loneliness at home and harsh treatment she received as a Black girl.

She worked hard to conceal the accumulating rage she felt by lifetime of practice softening her voice, especially in public. She was very gentle and soft-spoken until she wasn’t. She was ambivalent about becoming a parent and going out with baby Michael was extremely stressful for Ava, as she was understandably aware of how she was perceived as a parent. Sometimes, Ava would say “NO!” loudly in reaction to Michael exploring as a toddler. It was so loud and harsh that Michael would flinch. Ava had learned growing up that showing up with “anger” had dangerous consequences for people that looked like her and tried hard to make herself small and present as quiet. This, of course, only worked to a certain extent, and when she could no longer contain her stress, she blew up, often costing her employment. She would also get into arguments with Michael’s father, with whom she had an on-and-off relationship.

Her complex trauma over the years had shattered Ava’s protective capacity for her child, and our IECMH therapist invested in developing a relationship with Ava where the mother came to trust her, and worked closely with Ava to be able to take a protective stance on behalf of her son. Ava was also supported in recognizing the benevolence and protective intention in her own unconscious actions of sending Michael away whenever she could feel her stress and rage growing. Ava did not want to expose Michael to the kinds of frightening chaos she grew up with. Ava wished her son to grow up knowing that he had a strong and understanding mother. These days, when she is stressed, she is able to take a pause to calm herself down instead of reacting angrily to Michael’s requests. Outside of the home, Michael was also supported through the IECMH therapist’s consultation to his teachers. Teachers were supported to understand Michael’s behaviors in the context of his developmental needs and his trauma history, and practiced responding to him in ways that made him feel safe and connected.

The work done by our IECMH clinical staff is deep, meaningful and very impactful for the communities and families they serve. We are so grateful for your continued support and partnership in the service of vulnerable children and families in our community. If you have any



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questions about the impact of your gift or would like more information on IECMH, please don't hesitate to contact me by phone (253.403.9943) or email (Andrew.lewis-lechner@multicare.org).

Warm regards,

A handwritten signature in black ink, appearing to read "Andrew Lewis-Lechner". The signature is fluid and stylized, with a long horizontal line extending from the end.

Andrew Lewis-Lechner
Director of Institutional Giving
MultiCare Foundations