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The NCTSN e-Newsletter - news about NCTSN collaborations, activities, and interests.

Delaware Using “Cops, Kids & Domestic Violence” Video

As a new Category III grantee, the Delaware Division of Child Mental Health Services (DCMHS) received a copy of the NCTSN Video “Cops, Kids & Domestic Violence” at the October 2005 New Grantee Orientation meeting. The Division immediately began using the NCTSN product in training programs for law enforcement officers in four jurisdictions.

These jurisdictions include:

1. The City of Wilmington, where 300 officers and victims services staff have received training. Wilmington is replicating the Child Development-Community Policing approach developed by the Yale Child Study Center and DCMHS is collaborating by providing training, crisis intervention services, and an array of child mental health and substance abuse treatment;
2. The New Castle County Police Department in north Delaware, where 400 officers and victims services staff received training;
3. The City of Newark, where 100 officers received training; and

Child and Family Traumatic Stress Intervention Evaluated

The Childhood Violent Trauma Center (CVTC) at the Yale Child Study has developed and begun evaluating a new brief peritraumatic treatment, called the Child and Family Traumatic Stress Intervention (CFTSI), designed to decrease the negative impact of children’s exposure to potentially traumatic events (PTE). The goals of the CFTSI are to prevent children from developing posttraumatic symptoms, and to increase children’s rates of engaging and sustaining longer-term treatments when indicated.

The primary objective is to enhance familial support of the exposed child, as family involvement is an essential protective factor in the prevention of PTS. To accomplish this objective the following methods are used within the sessions:

- Increasing the child and parents’ understanding of the possible impacts of exposure to PTEs on daily functioning as well as possible symptom formation and behavioral changes.
- Enhancing the child’s ability to communicate feelings and symptoms to parents.

4. The State of Delaware Police Academy, for new recruits and in-service training for law enforcement officers—training to be conducted in late 2006-2007.

Three trainings have been completed to date and, as anticipated, after each there has been an increase in referrals of children and families for child mental health services, thus helping to increase access of Delaware children and families to public child mental health services and to

trauma-specific treatment, where indicated. In 2007 DCMHS plans to extend training to south Delaware in jurisdictions who request it .

DCMHS has used the product as a promotional and educational tool with a variety of state-level organizations including the State Advisory Council on Child Mental Health, the Mental Health Subcommittee of the Child Protection and Advocacy Commission, and the Domestic Violence Coordinating Council's Subcommittee on Children and Domestic Violence.

After viewing the video as a sample NCTSN product, the child welfare agency in Delaware determined that it would collaborate with DCMHS as a partner in the development of a product to train child welfare workers. The video is a high-quality product that clearly conveys the need to recognize child traumatic stress and respond appropriately.

DCMHS credits the NCTSN video with helping it obtain a federal pass-through grant from the Delaware Criminal Justice Council for a two-year funding award of \$205,680. This grant provides funding for two additional crisis intervention therapists to increase DCMHS's capacity to provide mental health treatment, including TF-CBT where indicated, for child victims of crime. The award complements the work of DCMHS and its Delaware Child Traumatic Stress Treatment Center, and ensures expanded access to mental health services, specifically trauma-specific treatment, in Delaware for children and families.

- Enhancing the parents' ability to respond appropriately and supportively to the child's difficulties by teaching the parents strategies and interventions for use with their child.
- Providing case management and care coordination related to the PTE: Helping the family access needed services, navigating medical care, etc., may help parents focus on their children rather than on some of the external stressors that often accompany accidents and injury.

The CFTSI should be implemented as soon after a PTE as possible and is a four-session intervention that can be provided in the office or at the family home. Measures that have been used routinely in research and as diagnostic protocols for children have been adapted for use as clinical tools throughout the intervention. These unique tools are employed in each session as evaluation and monitoring instruments as well as a focus for discussion. As with any clinical tool, it is expected that questions should be answered and explanations elaborated on within the intervention as necessary. The clinical tools include adaptations of the PTSD-RI and Mood and Feelings Questionnaire and a trauma history survey.

As the CFTSI involves a great deal of reporting on symptoms and feelings, at present it should be implemented only with children 7 to 18 years old who live with parents or primary caregivers.

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