

Child Development-Community Policing Program (CDCP)

<p>Treatment Description</p>	<ul style="list-style-type: none"> • Acronym (abbreviation) for intervention: CDCP • Average length/number of sessions: 1-6 • Aspects of culture or group experiences that are addressed (e.g., faith/spiritual component, or addresses transportation barriers): race, language, poverty, access to treatment issues • Trauma type (primary): community violence • Trauma type (secondary): domestic violence • Additional descriptors (not included above): CDCP is a collaborative model between law enforcement and child mental health professionals to respond to children and families in the aftermath of crime and violence. Two interventions included: 1) Domestic Violence Home Visit Initiative, in which outreach advocates and regular beat officers visit families after an incident of domestic violence, 2) Child and Family Traumatic Stress Initiative, a three-session postevent model to help parents support potentially traumatized children more effectively.
<p>Target Population</p>	<ul style="list-style-type: none"> • Age range: (lower limit) 0 to (upper limit) 18+ • Gender: <input type="checkbox"/> Males <input type="checkbox"/> Females <input checked="" type="checkbox"/> Both • Ethnic/Racial Group (include acculturation level/ immigration/refugee history- e.g., multinational sample of Latinos, recent immigrant Cambodians, multigeneration African Americans): Primarily AA and latino, Latino range from new and/or illegal to multigeneration in continental U.S. Few new asians and african. • Other cultural characteristics (e.g., SES, religion) : improverished, multi-demoninaitonal christian • Language(s): english and spanish • Region (.e.g., rural, urban): urban • Other characteristics (not included above):
<p>Essential Components</p>	<ul style="list-style-type: none"> • Theoretical basis: CDCP is essentially a model of secondary prevention that provides crisis intervention and follow-up community- and clinic-based clinical and collaborative interventions for exposed children. • Key components: 1) Training for Police Officers: all sergeants and above receive 24 hours in child development and trauma. All line officers receive in-services on the program. 2) Training for Clinicians: clinicians do a minimum of 50 hrs of "ride-alongs" with officers in police cars or on walking beats. 3) Program Conference: weekly meeting to review cases, and discuss collaborative follow-up or treatment. 4) Trauma Treatment Clinic: treatment for children who are symptomatic using multiple modalities. 5) Consultation Service: clinician availability to police 24/7. Clinicians
<p>Clinical & Anecdotal Evidence</p>	<ul style="list-style-type: none"> • Are you aware of any suggestion/evidence that this treatment may be harmful? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Uncertain • Extent to which cultural issues have been described in writings about this intervention (scale of 1-5 where 1=not at all to 5=all the time). 2

- This intervention is being used on the basis of anecdotes and personal communications only (no writings) that suggest its value with this group.
Yes No
- Are there any anecdotes describing satisfaction with treatment, drop-out rates (e.g., quarterly/annual reports)? Yes No
If YES, please include citation: 31. Marans, S., Murphy, R. and Berkowitz, S. (2002) Police-Mental Health Responses to Children Exposed to Violence: The Child Development-Community Policing Program. Lewis, M. (ed.) Child and Adolescent Psychiatry: A Comprehensive Textbook, 3rd Edition. Baltimore, MD: Lippincott, Williams and Wilkins, Inc., 1406-1416.
- Has this intervention been presented at scientific meetings? Yes No
If YES, please include citation: multiple,
- Are there any general writings which describe the components of the intervention or how to administer it? Yes No
If YES, please include citation:
- Has the intervention been replicated anywhere? Yes No
Other countries? (please list) Italy
- Other clinical and/or anecdotal evidence (not included above): Multiple awards ;including Presidential Acclamation (Clinton). Named the National Center for Children Exposed to Violence (1999) by Whitehouse and USDOJ.

Research Evidence		Number of Participants	Sample Breakdown	Citation
Published Case Studies	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	N =	By gender: y By ethnicity: By other cultural factors:	Marans, S. & Adelman, A. (1997), Experiencing Violence in a Developmental Context. In: Children and Youth Violence, Osofsky, J. (ed.). New York, NY: Guilford Publications, 202-222.
Pilot Trials/ Feasibility Trials (w/o control groups)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	N =	By gender: By ethnicity: By other cultural factors:	replicated in multiple communities
Clinical Trials (w/ control groups)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	N =	By gender: By ethnicity: By other cultural factors:	in progress for DVHVI and CDCP program
Randomized	<input type="checkbox"/> Yes	N =	By gender:	to begin for CFTSI

	Control Trials	<input checked="" type="checkbox"/> No		By ethnicity:	
	Studies describing modifications	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	N =	By gender: By ethnicity: By other cultural factors:	
	Other research evidence	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	N =	By gender: Ethnicity: By other cultural factors:	
Outcomes	<ul style="list-style-type: none"> • What assessments or measures are used as part of the intervention or for research purposes, if any? • If research studies have been conducted, what were the outcomes? CDCP evaluation in process. Study so far demonstrates that children exposed to violence in areas of the nation where a model exists receive more social, clinical, and police services than where model does not exist. Domestic violence initiative pilot demonstrated 50% decrease in recidivism compared to matched controls. A current evaluation will assess developmental outcomes. 				
Training Materials & Requirements	<ul style="list-style-type: none"> • List citations for manuals or protocol descriptions and/or where manuals or protocol descriptions can be obtained. • How/where is training obtained? Training is available at Yale child Study Center • What is the cost of training? • Are intervention materials (handouts) available in other languages? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, what languages? • Other training materials &/or requirement (not included above): 15 community trained throughout the US. Four sites with strict adherence to model, others with modifications. 				
Pros & Cons/ Qualitative Impressions	<ul style="list-style-type: none"> • What are the pros of this intervention over others for this specific group (e.g., addresses stigma re. treatment, addresses transportation barriers)? • What are the cons of this intervention over others for this specific group (e.g., length of treatment, difficult to get reimbursement)?: difficulty developing full partnerships • Other qualitative impressions: Partnership and cross training are crucial 				
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