



# Network Performance National Child Traumatic Stress Network

January – March 2003

[www.NCTSNet.org](http://www.NCTSNet.org)

**The mission of the National Child Traumatic Stress Network is to raise the standard of care and improve access to services for traumatized children, their families, and communities throughout the United States.**

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# EXECUTIVE SUMMARY

The National Child Traumatic Stress Network (NCTSN) is a nationwide initiative dedicated to improving access to services and raising the standard of care for traumatized youth and their families. This report describes the Network's accomplishments for the period January through March, 2003, none of which would have been possible without the vision and support of the Center for Mental Health Services (CMHS), Substance Abuse and Mental Health Services Administration (SAMHSA) in the Department of Health and Human Services (DHHS) who are our partners in this initiative. Nor would the Network's accomplishments have been possible without the support of members of Congress who had the vision to create this initiative.

The National Center for Child Traumatic Stress is committed to monitoring and reporting the National Child Traumatic Stress Network's progress toward improving the availability and quality of care for children with traumatic stress and their families. To that end, in the spring of 2002, the National Center's Executive Committee approved a conceptual framework that outlines eight domains of performance that the National Center will monitor. These eight domains capture key Network processes, outcomes, and stakeholder perspectives of the Network. This report is the first of what will be a series of quarterly reports on those indicators. The current report includes information on five of the eight domains; processes are in place to monitor the remaining three for inclusion in future reports.

## Network Performance Domains

- Clinical/Behavioral Treatment Outcomes - forthcoming
- Development and Adoption of Assessments and Treatments
- Access to Services
- Dissemination of Information and Public Awareness
- Collaborations and Accomplishments
- Training
- NCTSN Operations/Management - forthcoming
- NCTSN External Support – forthcoming

This first report offers a glimpse of the progress that can be made because a mechanism such as the NCTSN exists to enable dedicated professionals to focus their diverse skills and knowledge on a common goal. Among the notable accomplishments of the Network in the current reporting period are:

- **Providing treatment to more than 10,000 youth** who were traumatized by physical abuse, sexual abuse, domestic violence, community violence, traumatic loss, man-made and natural disasters, school trauma, medical trauma, or terrorism.
- **Developing knowledge and resources for the field of child trauma** on topics ranging from studies of the effectiveness of new or established treatments to effective methods for getting these treatments into the hands of professionals working with children and families.

- **Establishing or continuing 19 collaborative Network groups** that bridge professional, geographic, and cultural variations across the nation (and the NCTSN). As of this reporting period, 185 professionals from 35 different Centers were working in diverse collaborative activities, representing a comprehensive approach to improving assessment and treatment for children who have experienced a wide range of different types of trauma.
- **Providing training and education to more than 38,800** mental health professionals, teachers, primary care providers, doctors, other professionals and members of the public on the causes, assessment, and treatment of traumatic stress.

# DEVELOPMENT AND ADOPTION OF ASSESSMENTS AND TREATMENTS

The National Child Traumatic Stress Network is, in part, a learning network in which researchers and service providers work in tandem to develop and test the accuracy of assessments and the effectiveness of services for traumatized youth and their families. Getting trauma-focused, evidence-based practices into care settings is the goal of this work. A wide range of projects are underway to make care more effective for traumatized youth. Some of these are conducted under the auspices of Network collaborative groups operating under the Network's Learning from Research and Practice Core, Service System Core, and Data Core. Other projects are being carried out by individual Network Centers. These activities fall into several categories listed below.

## DESIGNING AND TESTING INSTRUMENTS

An important part of raising the standard of care and determining the effectiveness of treatment is having instruments (e.g., surveys, questionnaires) that accurately assess the condition being studied. These help providers determine the needs of children and their families. Such instruments must be meaningful and valid when used with children and families from diverse ethnic and cultural backgrounds.

## ADOPTING AND ADAPTING TREATMENTS

There are some treatments for child trauma that research has shown to be effective. When a service provider uses these treatments as they were originally designed, the provider is *adopting* the intervention. However, there may be differences in the characteristics of the children with whom the intervention was originally tested and the group for which the treatment is being adopted. When providers modify a treatment to accommodate these differences, they are *adapting* the treatment. Careful evaluation is needed to assess the effectiveness of either an adopted or adapted treatment. Each new study either helps to confirm the effectiveness of the treatment or points to areas where changes or improvements may be needed.

## BEST PRACTICES

A *best practice* is a treatment and/or service that experts believe to be the best approach although it may not yet have been researched. Sometimes there is very little research to guide decisions about the most effective treatment to use with a particular group of children. In such cases, practitioners may use a best practice. Assessment of the effectiveness of best practices leads to the development of a base of knowledge that future practitioners can use in selecting treatments.

## PROGRESS DEVELOPING ASSESSMENTS AND TREATMENTS

Centers report on major accomplishments in improving availability and access to services for traumatized children in the Quarterly Report they provide to SAMHSA. The following are examples of their accomplishments in the current quarter. Activities that Centers were engaged in as part of Network collaborative groups are reported in the *Collaborative Activities and Accomplishments* section of this report.

- The **Traumatic Grief Task Force** completed the selection and development of instruments to be used in a pilot study aimed at collecting epidemiologic data on trauma from 200 bereaved children at three Network Centers (**Alleghany General Hospital Center for Child Abuse and**

**Traumatic Loss**, PA, **New York University**, and **William Wendt Center for Loss and Health**, Washington, DC).

- **Alleghany General Hospital Center for Child Abuse and Traumatic Loss**, PA, conducted a survey of 256 therapists practicing in community settings concerning their attitudes toward and treatment of trauma. Results indicated therapists vary widely on several dimensions of training, theoretical orientation, and clinical practice.
- **Children's Hospital and Health Center (Chadwick)**, San Diego, CA drafted a pathway model in conjunction with team leaders and clinicians from six Chadwick Center sites. The model includes standardized assessment forms, an algorithm for triaging clients presenting for treatment, standardized assessment intake forms, and treatment planning aids that tie treatment goals and assessment information to interventions. Chadwick is also continuing to develop a study to assess the effectiveness of the Kids in Court Program. This is a local program that prepares children and their caregivers to testify in court through court visits to meet a judge, prosecutor, and bailiff, and an opportunity to role play a trial. Further, Chadwick is involved in conducting a validity study on a newly developed trauma measure, the Trauma Symptom Checklist for Young Children. Also this quarter, it researched the most effective ways for Children's Hospital staff to respond in the event of a crisis, including consulting with Network members about best practices in the field of disaster response.
- **Children's Hospital of Philadelphia (CHOP)** linked two research groups conducting programmatic studies of acute and post-traumatic stress symptoms in pediatric injury (Trauma Link) and illness (oncology). A working group on intervention development was established with the goal of developing an overall model for prevention and treatment of acute and post-traumatic stress across different types of medical trauma. An intervention development project was initiated in collaboration with the medical leadership of CHOP's Pediatric Intensive Care Unit (PICU). Quantitative and qualitative data analyses were conducted as part of an ongoing study to empirically understand the dynamics of parent traumatic stress in the PICU.
- **Children's Crisis Treatment Center, Project Tamaa, Philadelphia**, adapted and revised the War Trauma Screening Scale for the screening of West African refugee children in Tilden Middle School. It is also in the process of getting Institutional Review Board (IRB) approval to study a school-based intervention for this group of children. At the same time Project Tamaa's Caregiver Support/Education Group Working Committee has searched for and is reading literature on issues related to facilitating refugee caregiver groups.
- **Directions for Mental Health, Inc.**, Clearwater, FL, made considerable progress toward beginning formal data collection on treatment effectiveness during the quarter. It has also completed a treatment manual for the Hospice of the Florida Suncoast and Family Service Centers' S.A.F.E. program.
- **La Clinica Del Pueblo, Inc.**, DC, is in the process of identifying needs related to trauma among Latino families of the greater Washington DC metropolitan area.
- **Maine General Medical Center**, Augusta, ME is in process of making plans to pilot an assessment and outcome evaluation.
- **Wasatch Canyons Child Trauma Treatment Network – Intermountain West**, Salt Lake City, UT, is involved in ongoing efforts to measure and improve the quality and availability of treatment to abused children and children exposed to family violence. Hypotheses about factors influencing the successful dissemination of empirically supported training have been developed.



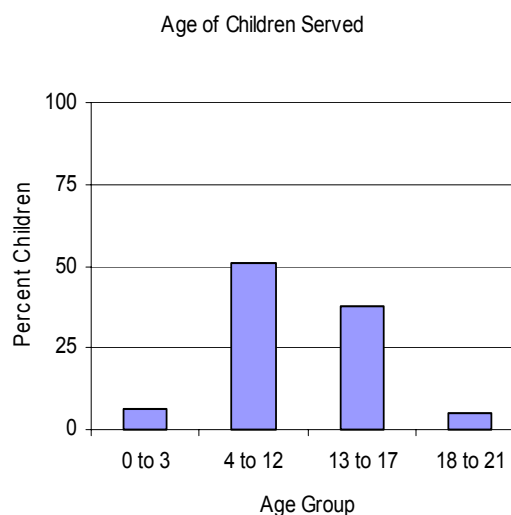
# AVAILABILITY OF AND ACCESS TO SERVICES

A major goal of the National Child Traumatic Stress Network is to increase the availability of services for traumatized youth and their families. The Network's progress in attaining this goal is tracked using quarterly information from two sources – the Service Utilization Form and the Quarterly Report Form.

## CHARACTERISTICS OF CHILDREN SERVED BY NETWORK CENTERS<sup>1</sup>

Data show that slightly more than 50% of the children served by Network Centers were between ages 4 and 12 while approximately 35% were teens (age 13 to 17). Among these youth, there was a slight preponderance of females (56% female versus 44% male).

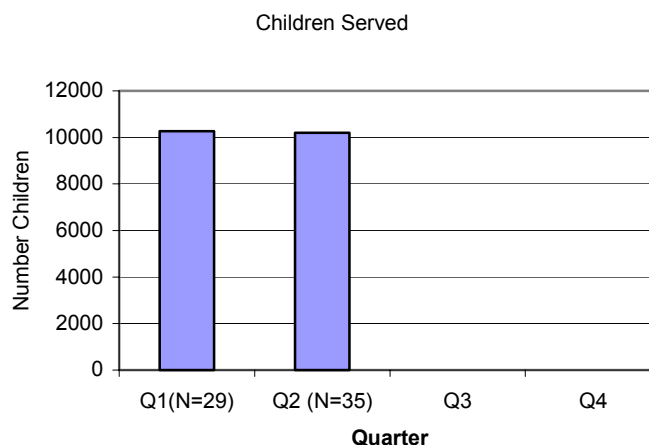
| Ethnicity and Race |            |
|--------------------|------------|
|                    | % Children |
| <b>Ethnicity</b>   |            |
| Hispanic           | 33         |
| Non-Hispanic       | 66         |
| <b>Race</b>        |            |
| White              | 52         |
| Black              | 38         |
| Multiracial        | 6          |
| Asian              | 2          |
| American Indian    | 1          |
| Pacific Islander   | <1         |



The ethnicity and race of children are reported separately. With respect to ethnicity, one-third (33%) of children served by Network Centers were Hispanic. Within racial categories, white youth accounted for 52% of children served, African-Americans for 38%, with the remaining children distributed over other categories of race.

## DIRECT CLINICAL SERVICES

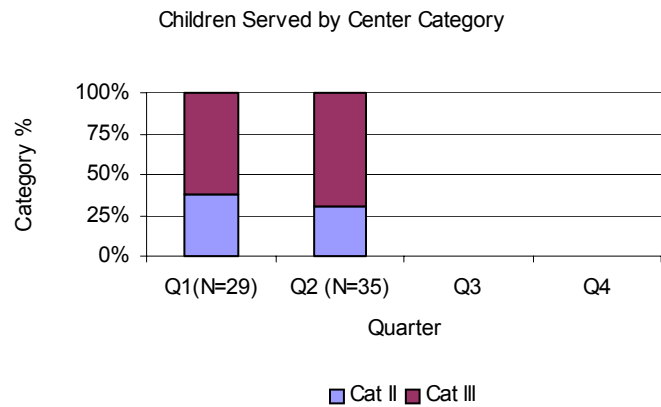
Centers served approximately 10,000 children in each of the first two quarters of the 2002 - 03 fiscal year. Direct clinical services include individual and group therapy, evaluation, crisis response, medication check, etc. These services are delivered in clinics, schools, homes, or other locations.



<sup>1</sup> One of the challenges facing a group as diverse as the National Network is that members keep records in very different ways. This means that it is not always possible for Centers to report data in a metric that is consistent across Centers. Therefore, demographic information is based on the subset of Centers who are able to report these data using the categories requested on the Service Utilization Form.

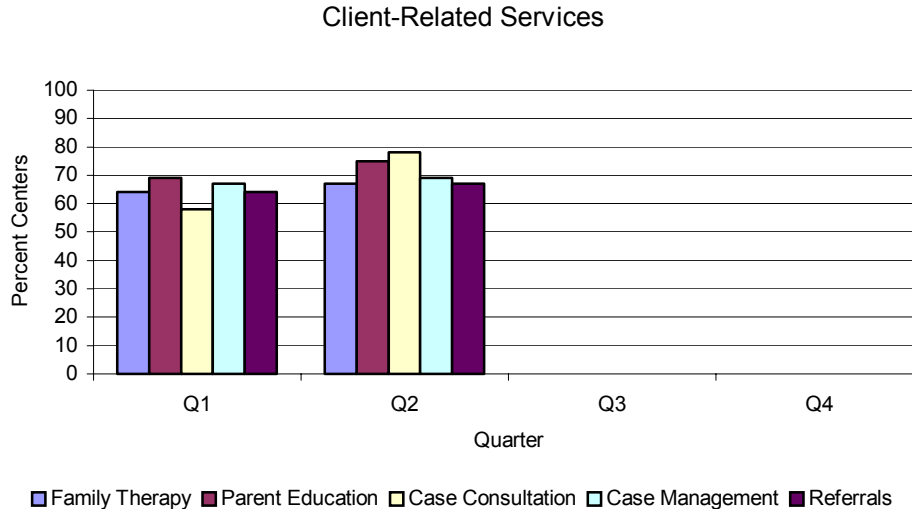
## Direct Clinical Services by Center Category

Category III, Community Treatment and Services Centers, reported serving a greater percentage of children in the Network than did Category II Development and Evaluation Centers. This is consistent with the greater emphasis on service provision by Category III Centers as well as their greater representation (72%) among Network Centers as a whole.



## CLIENT-RELATED SERVICES FOR CHILDREN

Children served by Network Centers receive not only the direct therapeutic services described above, but they and/or their parents also receive case management, parent education, case consultation, family therapy, or referrals. Compared to the previous quarter, there was an increase in the percentage of Centers providing each of these services.



## PROGRESS IN PROVIDING SERVICES

The National Network makes it possible for participating Centers to provide services to youth and families that children otherwise would not receive. The following information on these activities comes from the Quarterly Reports Centers provide to SAMHSA.

- **La Clinica Del Pueblo, Inc.**, Washington, DC, delivers mental health services for trauma through outreach programs for Latino families. This includes groups held on Saturdays to sensitize and inform Latino families about mental health issues. Also, the program's guidance counselor addresses issues of prevention aimed at facilitating access to services.
- **Oregon Health and Science University**, Portland, OR, noted in a previous report that overcoming resistance to psychiatric services within the refugee and immigrant communities had been difficult. In the current reporting period they were able to increase the number of youth who received assessment and treatment services.
- A goal of **Harborview Medical Center, Seattle, WA**, is to increase access to program services. In the current quarter, project staff met with the medical providers in two key outpatient clinics of the hospital, the Children's Clinic and the International Clinic, to discuss how a trauma specific service could be useful.
- **International C.H.I.L.D. Center for Multicultural Human Services**, Falls Church, VA, continues to provide innovative weekly Saturday group tutorial interventions to Sierra Leonean refugee children and is planning additional therapeutic intervention programs in the schools aimed at improving grades and responsible decision-making.
- **Wasatch Canyons Child Trauma Treatment Network (CTTN-IW) – Intermountain West**, Salt Lake City, UT, provided services to 1,352 new children.
- **Safe Horizons—Saint Vincent's Child Trauma Care Continuum**, NY, continues to provide vital trauma-related mental health services and treatment to multiple schools located in Lower Manhattan. It was also involved this quarter in assisting the NYC Department of Education and Project Liberty in the citywide, post 9-11 student mental health screening process at the High School of Economics and Finance.
- There was a joint two-day meeting of representatives of the **National Center, Terrorism and Disaster Branch (TDB)** and Centers for Disease Control to identify issues of mutual interest. Three TDB/CDC task forces were established: Health Communications, Rapid Response, and Research. The Health Communications group will collaborate on developing and evaluating pre-event messages for children. The Rapid Response task force agreed to the inclusion of specialized national assets that could be used in the TDB Rapid Response Support Team. The Research Group plans to unify the rapid response and research efforts through the use of an interlocking or seamless package of psychometrically sound measures at each stage of recovery. Also this quarter, a TDB member accepted a request from the American Red Cross to participate on the Mental Health Subcommittee of the Mid-America Regional Council's (MARC) Homeland Security Coordinating Committee. This subcommittee is active in strengthening disaster and terrorism-related preparedness among mental health service systems in the greater Kansas City area.
- **Child Abuse Trauma Treatment Replication Center**, Cincinnati, OH, collaborated with Mind Peace, a community coalition, to improve mental health services in the community and collaborated with Cincinnati public schools regarding trauma treatment programs in school settings.
- Louisiana State University, a partner in the **Early Trauma Training Network**, is collaborating with the New Orleans Police Department to provide more services to traumatized children and with the National Council of Juvenile Judges and Zero to Three to meet the needs of children in the court system.
- **North Shore University Hospital, Adolescent Trauma Treatment Development Center**, Manhasset, NY, is conducting a study of the impact the 9/11 terrorist attacks had on students in collaboration with five local Catholic schools.

- **Project Tamaa, Children's Crisis Treatment Center**, Philadelphia, PA, continues to collaborate with West African refugee community representatives regarding cultural sensitivity in working with West African refugees and the most sensitive and appropriate ways to reach out to this community. It is also collaborating with teachers from the Tilden Middle School to develop a curriculum to be used in seminars for teachers working with West African refugee children.
- **Mental Health Services for Homeless Persons, Inc.**, Cleveland, OH, collaborated with several local agencies, including the Bereavement Center for Hospice of the Western Reserve, on providing services to children who have experienced a traumatic death in their family. The group began sharing information about resources and agreed to look at joint training opportunities. Mental Health Services for Homeless Persons will help the Bereavement Center put on a camp for children who have experienced the traumatic death of someone close to them.

# DISSEMINATION OF INFORMATION AND PUBLIC AWARENESS

An important goal of the National Child Traumatic Stress Network (NCTSN) is to make professionals and the public aware of the causes and prevalence of child traumatic stress. Another is to inform them about the effectiveness of available treatments to help children and their families. In the current quarter, NCTSN made important strides toward disseminating relevant and practical information about child traumatic stress.

## NCTSN WEBSITE

The Network Web site, [www.nctsn.org](http://www.nctsn.org), underwent major renovations. National Center staff, expert consultants, and Network members worked to develop new content, organize existing resource materials from within and outside the Network, and re-design a password-protected section of the site to facilitate communication among Network grantees. The new Web site contains special sections for parents and caregivers, school personnel, mental health professionals, and the media. In addition to descriptions of the overall Network and each Network Centers, the Resource Center section of the site contains general information about child traumatic stress, including information about the prevalence of trauma, different types of trauma (including terrorism and disasters), and best practices. Guidelines were also developed in conjunction with the NCCTS Terrorism and Disaster Branch for parents and teachers that explain how to talk with children about war and terrorism. These guidelines were also disseminated through other channels.



## NCTSN MEDIA STRATEGY

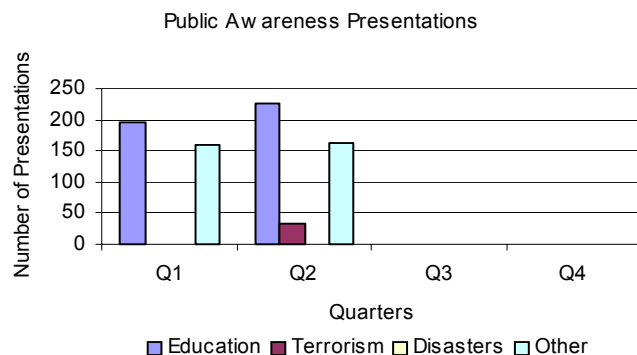
Under the auspices of the National Resource Center (NRC), the NCCTS developed a comprehensive media strategy that identifies goals, target audiences, target publications, story ideas, and key media opportunities for the Network. The NRC also began a message development process, identifying key messages that can be incorporated into public education materials and form the basis of media training for Network leaders. Plans are being developed to evaluate the success of this media outreach initiative.

## NATIONAL RESOURCE CENTER

During this quarter a full-time director was hired for the National Resource Center, e.g., NRC. The NRC will provide tools, materials, and a research library on child traumatic stress for use by the public and Network Centers.

## PUBLIC AWARENESS PRESENTATIONS

Network Centers are actively engaged in disseminating general information about child traumatic stress and related issues to a wide array of audiences. In previous quarters, Centers were asked to categorize their activities as falling into one of two categories – (1) general information and (2) other related topics (for example, child abuse). New categories for terrorism and disasters were

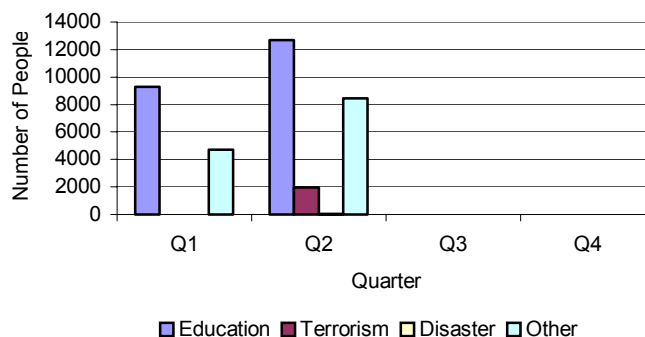


added this quarter. Taking all topics into consideration, there were a total of 422 public awareness events this quarter compared to a total of 356 last quarter (not shown). The number of these events on general education topics increased from approximately 190 in the previous quarter to approximately 225 (see table on previous page). Presentations on 'other' topics remained stable. The lack of change in the number of presentations on other topics may be due to the fact that Centers were asked to report on two new topics this quarter– political violence/terrorism and disaster. Had presentations that were reported under these new categories been reported as 'other' (as in the prior quarter), reports of presentations on other topics would also have increased.

## Number of People Reached

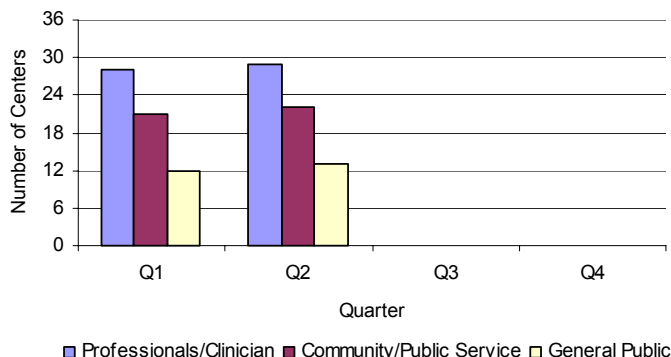
The total number of people whom Network Centers reached with information about child traumatic stress (not shown in graph) almost doubled over the previous quarter. In the first quarter, 13,965 attended presentations compared to 23,138 in the present quarter (Q2).

Quarterly Attendance



## Characteristics of Participants

Participant Categories by Topic



Network Centers were asked to report information describing the individuals who attended public awareness events. Attendees are categorized as falling into one of three categories: professionals/ clinicians, community/public services, and general public. A majority of Centers reported that professionals/clinicians and community/public service employees attended public awareness events. Approximately one-third of Centers reported attendance by the general public.

## PROGRESS IN PUBLIC AWARENESS ACTIVITIES

The following examples of Network Centers' public awareness activities were taken from the Quarterly Reports that Centers provide to SAMHSA. This information is presented as an example of the various types of activities that Centers are involved in; it is only a partial listing of the more than 400 presentations that took place this quarter.

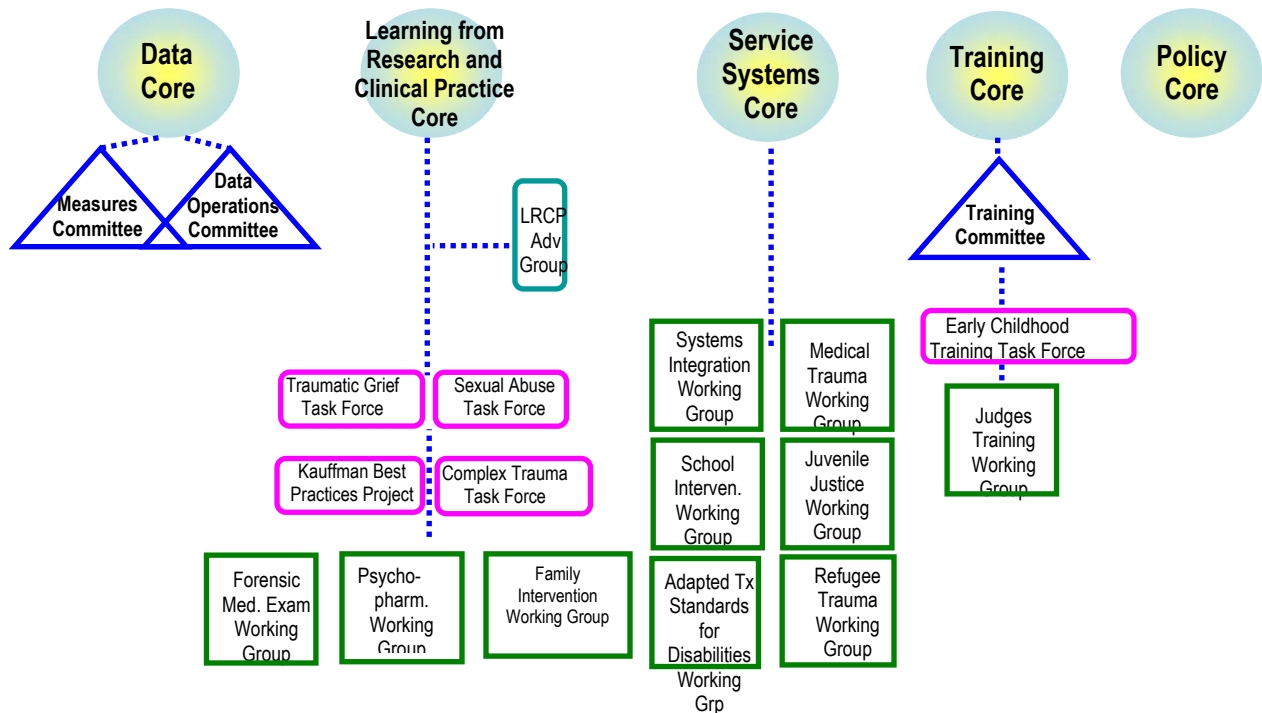
- **New York University** disseminated information on traumatic bereavement and post- traumatic stress disorder (PTSD) to 15 NYC child welfare agencies.
- **Los Angeles Unified School District**, Van Nuys, CA, made several presentations including: *Preliminary Outcomes Related to a School-based Early Intervention Program for School Children Exposed to Violence*; *Meeting the Needs of Children Exposed to Violence Through a School-Based Mental Health Program*; and *An Integrative Approach to Childhood Trauma*.
- **Oregon Health and Science University**, Portland, OR, made presentations to a total of 214 people, including school teachers, counselors, administrators, juvenile court personnel, and social service

providers. It also completed weeks 7 through 18 (12 weeks total) of a 30-week child trauma awareness seminar attended by service providers and mental health workers from more than 15 ethnic communities.

- **Safe Horizon-Saint Vincent's Child Trauma Care Continuum** staff gave multiple grand rounds presentations at major hospitals in the New York metropolitan area to educate the medical community about issues of child trauma. It also conducted training on child abuse reporting for 15 school-based social work staff.
- **Oregon Health and Science University**, Portland, OR, completed child trauma awareness brochures in English, Spanish, and Vietnamese.
- **Harborview Medical Center**, Seattle, WA, is in the process of developing a website for practitioners across the state that will be run by the University of Washington, School of Social Work.
- **International C.H.I.L.D. Center for Multicultural Human Services**, Falls Church, VA, participated in interviews on child trauma, particularly related to war and terrorism, including a live interview on Voice of America reaching 300 million people internationally, and an interview for a National Public Radio story. The Center held many presentations of the play Children of War to educate the public about the impact of war, displacement, and abuse on children.
- **Maine General Medical Center**, Augusta, ME, collaborated on the development of a DVD training resource featuring an interdisciplinary panel that focuses on services to young children and families traumatized by domestic violence.

# COLLABORATION AND COLLABORATIVE GROUP ACCOMPLISHMENTS

By the end of March 2003, 19 collaborative groups had been established to meet the specific objectives of the NCTSN. These groups are a vital mechanism through which members of NCTSN Centers exchange and pool their knowledge and experience. It is through these groups that the NCTSN bridges professional affiliations, professional and public concerns, geographic and cultural differences, competition among specialists, and varying agendas in order to accomplish its goals of improving the availability and quality of services for children exposed to traumatic stress and their families. None of these collaborative groups



would have come together if it were not for the NCTSN.

Functional Cores and Associated Collaborative Groups

## NETWORK COLLABORATIVE GROUP DEVELOPMENT

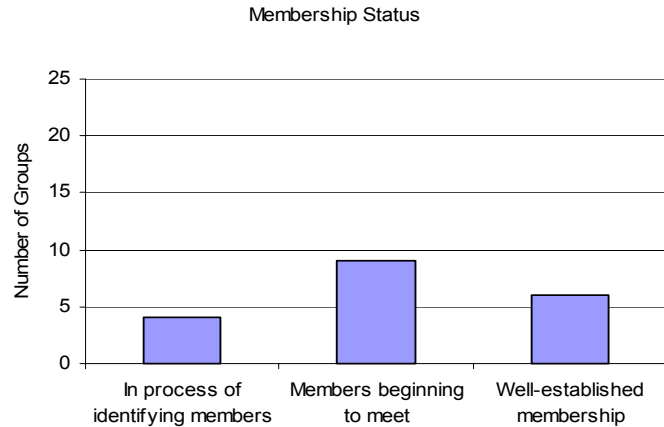
### Functional Cores

During this quarter, collaborative groups existed under each of the Functional Cores with the exception of the Policy Core. The highest concentration of collaborative groups was within the Learning from Research and Clinical Practice Core (eight groups). Three of these LRCP groups, however, were relatively new groups.



## Stage of Membership Development

Of the 19 collaborative groups that existed within the National Network in this reporting period, 4 were meeting regularly and actively working to produce clearly defined products. These were the: (1) Data Operations Committee (DOC), (2) the Measures Committee, (3) Complex Trauma Task Force (CTTF), and (4) Psychopharmacology Working Group (PWG). Nine additional groups had identified members, but were only just beginning to meet and plan products. Six other groups were in the initial stages of identifying group members. The table below describes the stage of each collaborative group with respect to membership.



## Collaborative Group Membership Jan-Mar (Q2) 2003

### Data Core

|                           | Q2 | Q3 | Q4 |
|---------------------------|----|----|----|
| Data Operations Committee | 3  |    |    |
| Measures Committee        | 2  |    |    |

### Learning from Research and Clinical Practice Core

|   | Q2 | Q3 | Q4 |
|---|----|----|----|
| Complex Trauma Task Force                           | 3  |    |    |
| Psychopharmacology Work Group                       | 3  |    |    |
| Traumatic Grief Task Force                          | 3  |    |    |
| Family Intervention Work Group                      | 2  |    |    |
| Sexual Abuse Task Force                             | 2  |    |    |
| Learning from Research & Clinical Practice Adv. Grp | 1  |    |    |
| Kauffman Best Practices Project Task Force          | 1  |    |    |
| Forensic Medical Exam Working Group                 | 1  |    |    |

### Service Systems Core

|  | Q2 | Q3 | Q4 |
|--|----|----|----|
| Refugee Trauma Working Group                 | 2  |    |    |
| Service System Integration Working Group     | 2  |    |    |
| Juvenile Justice Working Group               | 2  |    |    |
| Medical Trauma Advisory Group                | 1  |    |    |
| School Intervention Working Group            | 1  |    |    |
| Adapted Tx Stnd for Ch with DD Working Group | 1  |    |    |

### Training Core

|                                   | Q2 | Q3 | Q4 |
|-----------------------------------|----|----|----|
| Training Committee                | 2  |    |    |
| Early Childhood Trauma Task Force | 2  |    |    |
| Judges Training Work Group        | 1  |    |    |

1=Newly formed group/members being identified; 2=Members beginning to meet; 3=Well-established membership

## Group Composition

### Group Size

During the period January through March 2003, a total of 180 people representing 35 of the 36 Centers in the Network were members of Network collaborative groups. (The number of participants in the table to the right totals more than 180 because some participants were members of multiple groups.)

The groups with the most members were those focused on specific types of trauma (e.g., traumatic grief, sexual abuse, complex trauma), whereas groups with the fewest members were focused on a specialized intervention (e.g., family intervention, training for judges) or assembled for a time-limited activity (Kauffman Best Practices Task Force).

| Group Membership |           |        |           |
|------------------|-----------|--------|-----------|
| Group            | # Members | Group  | # Members |
| TGTF             | 27        | DOC*   | 14        |
| SATF             | 26        | FMEWF  | 14        |
| JJWG             | 24        | PWG    | 13        |
| CTTF             | 24        | TC*    | 13        |
| SCIWG            | 19        | JTWG   | 9         |
| RTWG             | 18        | FIWG   | 8         |
| ECTTF            | 17        | MTWG   | 7         |
| SSIWG            | 15        | LRCPAG | 6         |
| ASDWG            | 15        | KTF    | 5         |
| MC*              | 14        |        |           |

\*Membership on the Data Operations, Training, and Measures Committees was limited when the second cohort of centers was added to the Network in fall 2002.

### Center Participation

Network collaborative groups can also be examined in terms of the variety of Centers taking part in each group. The groups with the broadest Center involvement were the Juvenile Justice Working Group (JJWG), the Complex Trauma Task Force (CTTF), and Sexual Abuse Task Force (SATF). Fewer centers were represented in groups with a more specialized focus such as the Adapted Treatment Standards for Children with Disabilities Working Group (ASDWG), the Early Childhood Trauma Task Force (ECTTF), Medical Trauma Working Group (MTWG), and Kauffmann Best Practices Project Task Force (KTF).

| Center Participation |           |        |           |
|----------------------|-----------|--------|-----------|
| Group                | # Centers | Group  | # Centers |
| JJWG                 | 16        | JTWG   | 9         |
| CTTF                 | 16        | FIWG   | 8         |
| SATF                 | 16        | FMEWF  | 8         |
| SCIWG                | 14        | SSIWG  | 8         |
| TGTF                 | 14        | ASDWG  | 7         |
| MC                   | 13        | ECTTF  | 7         |
| PWG                  | 11        | MTWG   | 5         |
| TC                   | 10        | KTF    | 3         |
| DOC                  | 10        | LRCPAG | 3         |
| RTWG                 | 10        |        |           |

### ABBREVIATIONS OF COLLABORATIVE GROUP NAMES

|        |   |
|--------|---|
| ASDWG  | Adapted Treatment Standards for Children with DD WG |
| CTTG   | Complex Trauma Task Force                           |
| DOC    | Data Operations Committee                           |
| ECTTF  | Early Childhood Training Task Force                 |
| FMEWG  | Forensic Medical Exams Working Group                |
| FIWG   | Family Intervention Working Group                   |
| JJWG   | Juvenile Justice Working Group                      |
| JTWG   | Judges Training Work Group                          |
| KTF    | Kauffman Best Practices Project Task Force          |
| LRCPAG | Learning from Research and Clinical Practice AG     |
| MC     | Measures Committee                                  |
| MTWG   | Medical Trauma Working Group                        |
| PWG    | Psychopharmacology Working Group                    |
| RTWG   | Refugee Trauma Working Group                        |
| SATF   | Sexual Abuse Task Force                             |
| SCIWG  | School Intervention Working Group                   |
| SSIWG  | Service System Integration Working Group            |
| TC     | Training Committee                                  |
| TGTF   | Traumatic Grief Task Force                          |

*Participation by Center Category*

Category III Community Treatment and Services Centers were a majority in 12 groups. Category II Intervention and Evaluation Centers were dominant in four other groups. The membership of remaining three groups was primarily comprised of staff from the National Center, the Category I Center at UCLA and Duke University.

| Participation by Center Category |         |          |          |
|----------------------------------|---------|----------|----------|
| Group                            | % CAT I | % CAT II | %CAT III |
| LRPCAG                           | 75      | 25       | 0        |
| KTF                              | 67      | 33       | 0        |
| DOC                              | 53      | 21       | 26       |
| ECTTF                            | 16      | 63       | 21       |
| PWG                              | 27      | 60       | 13       |
| SSIWG                            | 27      | 47       | 27       |
| MTWG                             | 13      | 50       | 38       |
| ATSDWG                           | 7       | 13       | 80       |
| RTWG                             | 5       | 19       | 76       |
| CTTF                             | 0       | 32       | 68       |
| SCIWG                            | 10      | 30       | 60       |
| FMEWG                            | 7       | 29       | 64       |
| SATF                             | 7       | 36       | 57       |
| JTTF                             | 11      | 33       | 56       |
| JJWG                             | 11      | 33       | 56       |
| FIWG                             | 22      | 22       | 56       |
| TC                               | 15      | 31       | 54       |
| MC                               | 28      | 28       | 44       |
| TGTF                             | 29      | 26       | 44       |

*A list of group name abbreviations can be found on the previous page.*

**PRODUCT DEVELOPMENT**

The progression of Network collaborative groups tends to follow a general course in which the groups first clarify their purpose and then conduct an assessment. These have included extensive surveys of existing literature and resources and current practices with the Network. For example, Network collaborative groups have completed reviews of the literature on service systems and on the prevalence of trauma among youth in the juvenile justice system. Surveys are currently underway to catalog the use of and need for training materials and assessment tools. Some groups are pursuing the development of training materials (see for example, the Traumatic Grief Task Force and Sexual Abuse Task Force) while others are carrying out plans to improve forensic medical exams and provide crisis response educational materials to schools. Information about the specific collaborative projects groups are undertaking and their progress on those projects is listed in the tables on the following pages.

**Collaborative Product Development Jan-Mar (Q2) 2003**


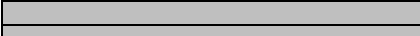
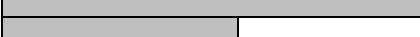
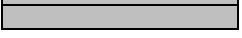


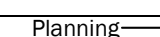
**Data Core**

|                           |  | Planning       | Completion |
|---------------------------|--|----------------|------------|
| Data Operations Committee | Center Survey (Year 1) Preliminary Findings  | [Progress bar] |            |
|                           | NCTSN Data Project Proposal Form             | [Progress bar] |            |
|                           | Core Dataset                                 | [Progress bar] |            |
| Measures Committee        | Measurement Domains and Conceptual Framework | [Progress bar] |            |
|                           | Measure Review Sheet                         | [Progress bar] |            |
|                           | Measures Needs Assessment                    | [Progress bar] |            |










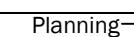
**Learning from Research and Clinical Practice**

|                            |  | Planning       | Completion |
|----------------------------|--|----------------|------------|
| Complex Trauma Task Force  | Complex Trauma Cross-Center Survey                             | [Progress bar] |            |
|                            | Complex Trauma White Paper                                     | [Progress bar] |            |
|                            | Complex Trauma Clinical Case Book                              | [Progress bar] |            |
| Psychopharmacology WG      | Multi-center Psychopharmacology Intervention Study             | [Progress bar] |            |
| Traumatic Grief Task Force | Treatment Manuals - modified for adoles & school-aged children | [Progress bar] |            |
|                            | Video Tapes of Traumatic Bereavement Training                  | [Progress bar] |            |
|                            | Traumatic Grief Guidelines for Very Young Children             | [Progress bar] |            |
|                            | Educational Materials on Child Traumatic Grief                 | [Progress bar] |            |
|                            | CTG Measures and Epidemiology Work Group                       | [Progress bar] |            |

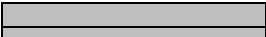

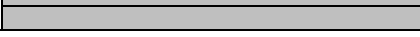

### Learning from Research and Clinical Practice (Continued)

|                         |  | Planning →  | Completion |
|-------------------------|--|---|------------|
| Family Intervention WG  | Family Interventions Survey                                |  |            |
| Sexual Abuse Task Force | Workshop materials/manual                                  |  |            |
|                         | Clinician Assessment Workshop                              |  |            |
|                         | Clinician Surveys on Treatment of Sexually Abused Children |  |            |
|                         | MHCD Study of Trauma-Focused CBT vs. Usual Treatment       |  |            |
|                         | Focus Groups at SATF Centers                               |  |            |
| Forensic Med Exam WG    | Forensic Medical Exam Interview Format                     |  |            |

### Service System Core

|                             |   | Planning →  | Completion |
|-----------------------------|---|---|------------|
| Refugee Trauma WG           | Refugee Trauma White Paper                              |    |            |
|                             | Refugee Trauma Center Survey                            |    |            |
| Ser Sys Integration WG      | Literature Review and Service Systems Model Development |    |            |
| Juvenile Justice Task Force | Review of Data on Prevalence of Trauma among JJ youth   |    |            |
| Medical Trauma WG           | Medical Traumatic Stress White Paper                    |    |            |
|                             | Crisis Intervention and Treatment White Paper           |    |            |
| School Interv WG            | Crisis Response Educational Materials                   |    |            |
|                             | Critical Components of a School-Based Program           |   |            |
| Adapted Tx St DD WG         | Fact Sheets - Deafness and Developmental Disabilities   |  |            |
|                             |   |  |            |

### Training Core

|                            |  | Planning →  | Completion |
|----------------------------|--|---|------------|
| Training Committee         | Training Materials Inventory           |  |            |
|                            | Training Needs Assessment              |  |            |
| Early Ch Trauma Task Force | Task Force Concept Paper               |  |            |
|                            | Grant proposal submitted to foundation |  |            |

# TRAINING

One of the core functions of the National Child Traumatic Stress Network is training. Training is a vehicle through which professionals and lay people learn to recognize the symptoms and functional impact of traumatic stress and to develop appropriate plans for intervention or referral. It is also the means for service providers to learn specific skills for assessing and treating the effects of trauma.

During this quarter, the National Center for Child Traumatic Stress hired a curriculum specialist on a contract basis to provide consultation to Network members and collaborative groups on the development of training curricula. Efforts were also underway to recruit a training director for the National Center.

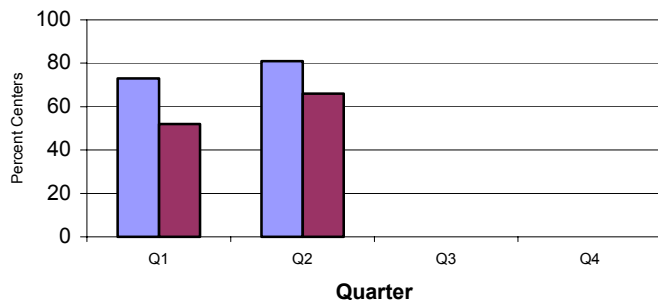
## TRAINING ACTIVITIES

This section provides specifics about the number of Centers conducting trainings on how to assess and treat child traumatic stress, the number of people reached by these trainings, and characteristics of the people being trained. Data suggest a general upward trend in these activities over the previous quarter.

### Centers' Involvement in Training

Information on Centers' training activities comes from the Service Utilization Form. In the current quarter, 81% of Network Centers reported training events on the treatment of traumatic stress; 66% reported training events on the assessment of traumatic stress. This represents a modest increase over the previous quarter.

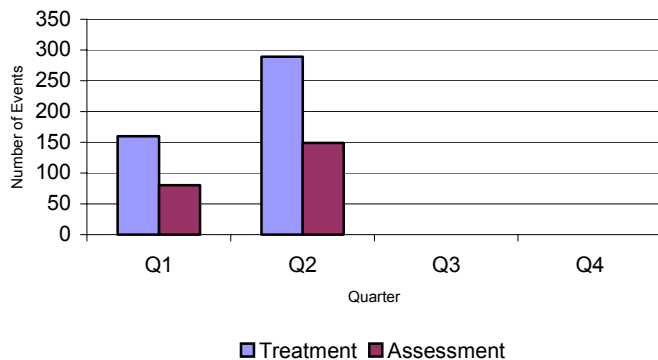
**Involvement in Training Activities**



### Number of Events

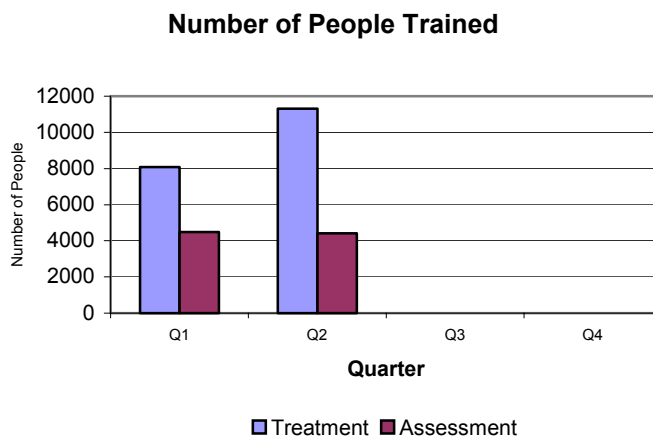
The number of training events on the topic of the treatment or assessment of traumatic stress increased appreciably over the past quarter. During the current quarter, Network Centers held 289 training events on the treatment of trauma and 149 on the assessment of trauma and its mental health sequelae.

**Training Events**



## Number of People Reached by Training Activities

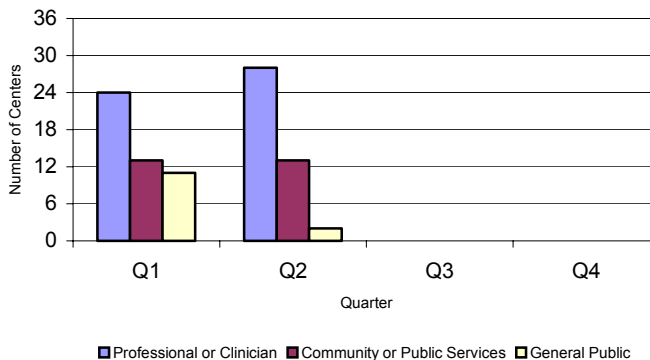
There was a marked increase over the previous quarter in the number of people who received training on the treatment of trauma. More than 11,000 people were trained this quarter compared to approximately 8,000 last quarter. The number of people receiving training on the assessment of trauma remained at approximately 4,500.



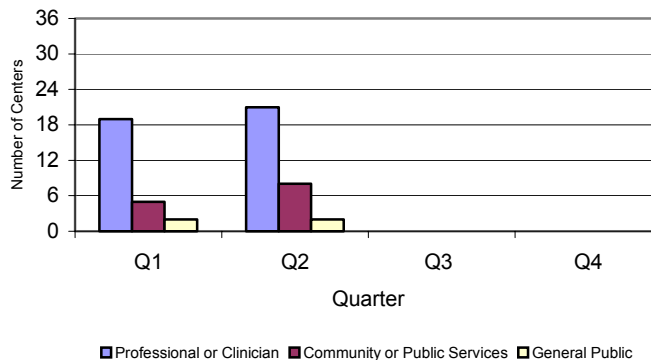
## Trainee Categories

Information on the different groups of people who attend trainings comes from the Service Utilization Form. Items that ask about training on the treatment or assessment of traumatic stress were intended to capture events that focus on teaching specific skills that would be used by mental health or other professionals providing services to youth and their families. Some Centers reported members of the general public attended these trainings. (This may suggest there were Centers who did not understand because the intent of these items was unclear. Subsequently, changes have been made to the Service Utilization Form questions to ensure more uniform reporting of these events).

### Categories of Trainees -- Treatment



### Categories of Trainees -- Assessment



## PROGRESS ON TRAINING ACTIVITIES

Centers' accounts of their activities contained in their Quarterly Report to SAMHSA illustrate the variety of training activities in which Network Centers are engaged. Undoubtedly, Centers did not provide details in their Quarterly Reports on all of the many training sessions they conducted. Consequently, the following descriptions of Network Center training activities should be viewed as *examples* of the variation in training that occurred within the Network rather than as an exhaustive accounting of the training conducted during this reporting period.

### Intra-Network Collaboration on Training

- **Allegheny General Hospital Center for Child Abuse and Traumatic Loss**, Pittsburgh conducted a two-day training on Trauma Focused Cognitive Behavioral Therapy that was attended by staff from

the **Mental Health Corporation of Denver's (MHCD) Family Trauma Treatment Program**. MHCD's project director, five outpatient clinicians, one clinician based at a Child Protective Services shelter, the supervisor for home-based services, and the supervisor for school-based services attended. The **Aurora Mental Health Center** was a collaborator in this training also, and nine of its clinical staff attended.

- **Allegheny General Hospital Center for Child Abuse and Traumatic Loss**, the **Early Trauma Treatment Network**, and the **Mental Health Corporation of Denver's Family Trauma Treatment Program** provided specialized training and telephone consultation to seven treatment teams operating within the **Wasatch Canyons Child Trauma Treatment Network - Intermountain West** in Utah.
- **The Early Trauma Treatment Network** conducted a three-day long training on Child-Parent Psychotherapy. Therapists from **NCTSN Centers in Aurora and Denver, Colorado, and Utah** attended this training.
- **International C.H.I.L.D., Center for Multicultural Human Services** in Falls Church, VA, presented for two days at a conference at the Oregon Health and Science University and two days at Directions for Mental Health in Clearwater, Florida.
- **Maine General Medical Center**, Augusta, ME, collaborated in the development of a DVD training resource focusing on services to young children and families traumatized by domestic violence featuring an interdisciplinary panel.
- The **Oregon Health and Science University** hosted a day-long *New Americans: Children and Families Under Stress* training conference, which included participants from three other Network sites. About 225 people took part in this conference.
- The NCCTS, **Terrorism & Disaster Branch (TDB)** organized a team to work on a curriculum/training initiative. Several TDB staff prepared curricular materials for mental health care clinicians. **North Shore**, the NCTSN Center in Long Island, NY will be the first demonstration site.
- The NCCTS, **School Crisis and Intervention Unit** is developing an *Advanced School Crisis Training* curriculum, which has been piloted with school crisis teams in Rapid City South Dakota (the second largest school district in the state) at the request of the **Child Trauma Treatment Network - Intermountain West Primary Children's Medical Center**. Over 200 principals, school resource officers, nurses, counselors, school psychologists and social workers, and community mental health professionals attended the two-day training.

### Training Activities Involving Organizations Outside of the Network

- **The NCCTS School Crisis and Intervention Unit** assisted the Department of Defense and Educational Opportunities Directorate in writing a *Handbook for Educators* in response to school districts' requests for information and resources related to the effects of deployment on the children of military families. At the March 27 White House USA Freedom Corps meeting, it was announced that the Handbook and other informational documents will be incorporated in the President's new initiative to support deployed military families.
- **Childhood Violent Trauma Center** faculty at Yale provided training to NYC schools in crisis response interventions. Approximately 4000 school staff members representing 41 school districts have been trained to date.
- **Chicago Health Outreach** trained teachers, counselors, and the principal of Taft High School on PTSD, depression, and the experience of children who are refugees

- The **Mount Sinai Adolescent Health Center (AHC)** in New York, in conjunction with Montefiore Medical Center, held a *School Based Health Care Summit*. In attendance were 57 staff consisting of social workers, pediatricians, family practitioners, nurses, health educators, technicians, and other support staff from AHC, two AHC school-based high school clinics (Julia Richmond Educational Complex and Manhattan Center for Science and Mathematics) and the Montefiore school-based health personnel.
- **Jewish Board of Family and Children's Services in New York** trained school guidance counselors and teachers in the Sanctuary model. Sanctuary will be implemented in a special classroom designed for youth who have behavioral difficulties in their regular classrooms.
- **Oregon Health and Science University** educated 214 school counselors and service providers on the presence and symptoms of PTSD in children.
- **The Trauma Center, Massachusetts Mental Health Institute**, Allston, MA, placed staff in four area Department of Social Services agencies to provide bi-weekly consultation, reaching a total of approximately 150 clinicians. They also provided three one-hour trainings to 37 McKinley Elementary School clinical staff and teachers. McKinley School serves emotionally and behaviorally disturbed children and adolescents.
- **The University of Missouri, St. Louis** provided consultation, supervision, and training to rural sites by phone. It also conducted training on the assessment of traumatic grief that was broadcast to two rural sites from a St. Louis classroom.

#### Training in Conjunction with the Development and Testing of Training Materials and Methods

- **Safe Horizon-Saint Vincent's Child Trauma Care Continuum** in New York City developed and pilot tested a new two-day training curriculum for community providers called Children, Trauma, & Grief: How to Help. Evaluation of this training indicates that the training was comprehensive and educational for training participants.
- **Wasatch Canyons Child Trauma Treatment Network - Intermountain West** is involved in research comparing the effectiveness of training delivered via teleconferences with in-person training.
- **Jewish Board of Family and Children's Services** in New York is testing an instrument that can be used to evaluate shifts in attitudes and knowledge following trauma training. The Jewish Board has also developed a curriculum, *Keep it REAL*, to teach clinicians to run psychoeducational and coping skills training groups for social service and mental health staff. Forty clinicians were trained in this curriculum during this reporting period.

#### Training of Upcoming Professionals

- The **Center for Medical and Refugee Trauma, Boston University Medical Center** interviewed potential pre-doctoral and postdoctoral candidates for their clinical training program.
- **Children's Hospital of Philadelphia** initiated fellowship and training opportunities.
- **Kansas City Metropolitan Child Traumatic Stress Center** in Kansas City, MO, established a clinical practicum.



- **International C.H.I.L.D. Center for Multicultural Human Services** in Falls Church, VA, applied for accreditation by the American Psychological Association for a specialized pre-doctoral internship program. Interns have been accepted for the fall of 2003.

### Infrastructure Changes to Support Training

- The Multicultural Center, a program of **Chicago Health Outreach**, is dedicated to bridging the gap between mainstream mental health services and the needs of immigrants and refugees. It operates a resource center with a library and a website. The resource center has now been expanded to hold a specific section on child trauma. In addition, the website is being revised to accommodate expanded information about child trauma and links to other relevant web sites.
- The **Kansas City Metropolitan Child Traumatic Stress Center**, Kansas City, MO began developing a library of training and research materials on child traumatic stress accessible to partners of the agency. This Center is also in the process of surveying partners to determine the training materials that are potentially available from partners.
- The **University of St. Louis** hired a new coordinator for training and education to expand its level of training and education programs on children's traumatic grief.

## IMPACT OF NETWORK TRAINING ACTIVITIES

The following comments, taken from the Centers' Quarterly Reports to CMHS/SAMHSA, point to the importance of Network training activities from the perspective of Network organizations.

*"The training we received from various Level Two [Implementation and Evaluation] Centers, especially Allegheny General Hospital and University of California San Francisco, has been invaluable. We are starting to see the effects of our involvement in the Network and are working hard to share that information and knowledge with other providers in the Denver area."*

**Aurora Mental Health Center, Aurora, Colorado**

*"The Seminar Series has been well received and has clearly communicated the importance of understanding the impact of trauma on children and their families to our community. We could not have accomplished so much without the support of the Network partners."*

**Directions for Mental Health, Inc., Clearwater, Florida**

*"JBFCs mental health staff members have increasingly come to accept the importance of conducting structured assessments and evidence-based treatments for victims of trauma. Requests for training have increased, and workers are reporting how helpful they've found training to be. Several workers have disclosed that they first learned about a client's experience with trauma only after using a structured assessment instrument and that this has made their treatment more successful. It is hoped that this shift in attitudes and knowledge will lead to a wide-scale shift in practice throughout all JBFCs programs."*

**Jewish Board of Family and Children's Services, New York City**

# APPENDIX A BACKGROUND

## THE NATIONAL CHILD TRAUMATIC STRESS NETWORK (NCTSN)

The National Child Traumatic Stress Network (NCTSN) is a nationwide initiative dedicated to improving access to services and raising the standard of care for traumatized youth and their families. It was created through a series of cooperative agreements awarded to three categories of organizations by the Center for Mental Health Services (CMHS), Substance Abuse and Mental Health Services Administration (SAMHSA). Centers received their initial funding at three different points in time beginning in September 2001 as shown in the table below.

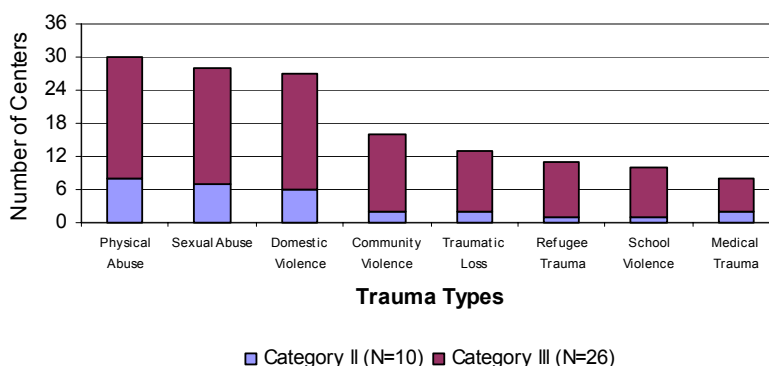
|              | Number of NCTSN Centers |                       |                       |                    |
|--------------|-------------------------|-----------------------|-----------------------|--------------------|
|              | Sep 2001<br># Centers   | Jul 2002<br># Centers | Sep 2002<br># Centers | Total<br># Centers |
| Category I   | 1                       |                       |                       | 1                  |
| Category II  | 5                       | 2                     | 3                     | 10                 |
| Category III | 12                      | 4                     | 10                    | 26                 |

In this reporting period, 37 Centers are active in the National Child Traumatic Stress Network. UCLA and Duke University, make up the Category I National Center for Child Traumatic Stress which provides leadership, coordination, and support for Network activities and initiatives. Ten participating Centers are Category II Intervention and Evaluation Centers. These Centers are responsible for developing, delivering, and evaluating improved treatment models. Twenty-six Centers are Category III Community Treatment and Services Centers. These Centers implement model treatment interventions and services in community and specialty child service settings. A list of the names and locations of all Centers can be found in Appendix B.

### Types of Trauma Treated by Network Centers

Organizations participating in the NCTSN operate programs that address a wide range of trauma. Although the most common are physical abuse, sexual abuse and domestic violence, NCTSN Centers are also addressing the effects on youth of community and school violence, medical trauma, mass casualty events, traumatic loss, and the trauma associated with political violence and war.

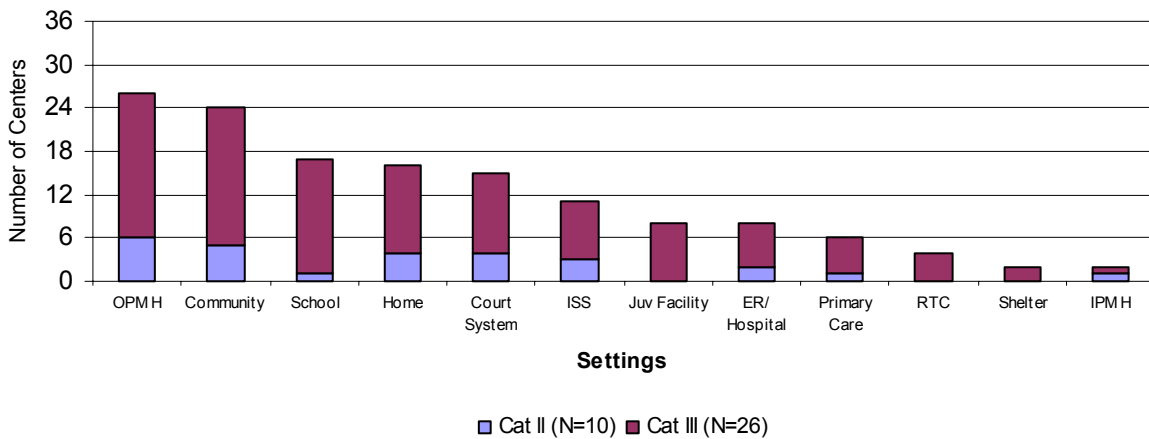
Types of Trauma Treated by Network Centers



## Service Settings

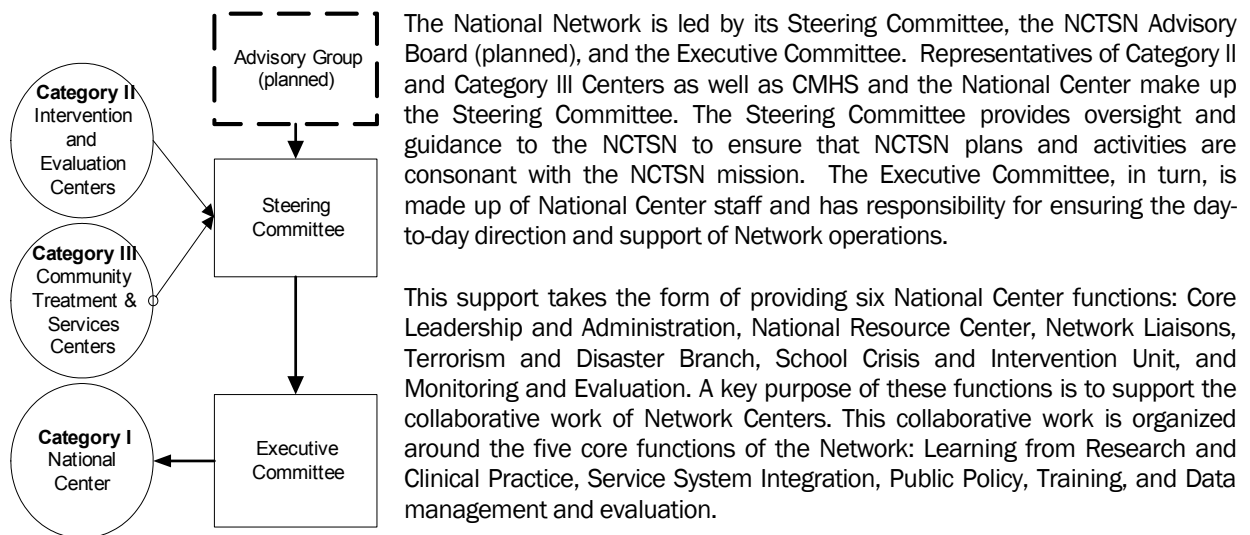
Organizations participating in the NCTSN reach traumatized youth and their families in many diverse settings, particularly non-restrictive settings such as outpatient mental health programs and communities, homes, and schools. Children in the court system, juvenile facilities, and medical settings are also served by NCTSN Centers.

Settings in Which Network Centers Provide Services



OPMH= Outpatient Mental Health, ISS = Integrated Service Setting, Juv Facility = Juvenile Facility, RTC= Residential Treatment Center, IPMH = Inpatient Mental Health

## ORGANIZATION OF THE NATIONAL CHILD TRAUMATIC STRESS NETWORK



## APPENDIX B NATIONAL NETWORK CENTERS

| Center Name   | Location           | Cong. District |
|---|--------------------|----------------|
| <b>Category I National Center for Child Traumatic Stress (NCCTS)</b>  |                    |                |
| National Center for Child Traumatic Stress – UCLA   | Los Angeles, CA    | 29             |
| National Center for Child Traumatic Stress – Duke University  | Durham, NC         | 4              |
| <b>Category II Implementation and Evaluation Centers</b>  |                    |                |
| Allegheny General Hospital Center for Child Abuse and Traumatic Loss  | Pittsburgh, PA     | 14             |
| Center for Medical and Refugee Trauma, Boston University Medical Center   | Boston, MA         | 9              |
| Child Abuse Trauma Treatment Replication Center   | Cincinnati, OH     | 1              |
| Childhood Violent Trauma Center   | New Haven, CT      | 3              |
| Children’s Hospital and Health Center   | San Diego, CA      | 49             |
| Children’s Hospital of Philadelphia   | Philadelphia, PA   | 2              |
| Early Trauma Treatment Network  | S. Francisco, CA   | 8              |
| National Children’s Advocacy Center   | Huntsville, AL     | 5              |
| New York University   | New York, NY       | 14             |
| North Shore Univ. Hosp. Adolescent Trauma Treatment Development Center  | Manhasset, NY      | 5              |
| <b>Category III Community Treatment and Services Centers</b>  |                    |                |
| Aurora Mental Health Center   | Aurora, CO         | 6              |
| Chicago Health Outreach, Inc.   | Chicago, IL        | 9              |
| Children’s Crisis Treatment Center  | Philadelphia, PA   | 2              |
| Children’s Institute International, Central L.A. Child Trauma Treatment Center  | Los Angeles, CA    | 30             |
| Cullen Center for Children, Adolescents and Families  | Toledo, OH         | 9              |
| Directions for Mental Health, Inc.  | Clearwater, FL     | 9              |
| International C.H.I.L.D. Center for Multicultural Human Services  | Falls Church, VA   | 8              |
| Jewish Board of Family and Children’s Services  | New York, NY       | 14             |
| Kansas City Metropolitan Child Traumatic Stress Center  | Kansas City, MO    | 5              |
| La Clinica del Pueblo, Inc.   | Washington, DC     | DC             |
| Los Angeles Unified School District   | Van Nuys, CA       | 24             |
| Maine General Medical Center  | Augusta, ME        | 1              |
| Mental Health Corporation of Denver’s Family Trauma Treatment Program   | Denver, CO         | 1              |
| Mental Health Services for Homeless Persons, Inc.   | Cleveland, OH      | 10             |
| Miller Children’s Abuse and Violence Intervention Center  | Long Beach, CA     | 37             |
| Mount Sinai Adolescent Health Center  | New York, NY       | 14             |
| New Mexico Alliance for Children with Traumatic Stress  | Sante Fe, NM       | 3              |
| Oregon Health and Science University  | Portland, OR       | 1              |
| Primary Children’s Medical Center Safe and Healthy Families @ Wasatch Canyons Child Trauma Treatment Network - Intermountain West | Salt Lake City, UT | 2              |
| Safe Horizon-Saint Vincent’s Child Trauma Care Continuum  | New York, NY       | 8              |
| The Trauma Center, Massachusetts Mental Health Institute  | Allston, MA        | 8              |
| University of Missouri- St. Louis   | St. Louis, MO      | 1              |
| Westchester County Health Care Corp.  | Valhalla, NY       | 18             |
| William Wendt Center for Loss and Healing   | Washington, DC     | DC             |
| Harborview Medical Center   | Seattle, WA        | 7              |
| Parson’s Child and Family Center  | Albany, NY         | 21             |



**To learn more about the National Center for Child Traumatic Stress  
and the National Child Traumatic Stress Network, please visit  
[www.NCTSNet.org](http://www.NCTSNet.org)**