

NCTSN



Network Performance

October – December 2003

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EXECUTIVE SUMMARY

The National Child Traumatic Stress Initiative was created through Congressional legislation authorizing the creation of a national network focusing on the needs of traumatized children, and has received continuing bipartisan support. The National Child Traumatic Stress Network (NCTSN) was established by a cooperative agreement with the U.S. Department of Health and Human Services (DHHS) through the Substance Abuse and Mental Health Services Administration (SAMHSA) under the auspices of the Center for Mental Health Services (CMHS) to make high quality, effective services available to children who have suffered traumatic stress. Without effective treatment, children who have been traumatized suffer, feel isolated and cut off from others, and may develop behavioral and mental health problems. The emotional pain of trauma can cause children to perform poorly in school, have difficulties with their families and friends, and engage in risky and dangerous behavior. These behaviors, which begin in reaction to trauma, can lead to trouble with the legal system or long-term developmental problems that carry over into adulthood.

The NCTSN was created with the goal of bringing together the academic excellence of the clinical research community and the wisdom of front-line community service providers to develop and deliver highly effective services to help children who have suffered traumatic experiences. As this report shows, the Network is making it possible for leaders in the field of child traumatic stress to work collectively and individually across disciplines and service settings to make positive differences in the lives of children. Some of the accomplishments of the Network in this reporting period (October through December 2003) include the following:

- **17 new centers** were integrated into the Network during this quarter. Welcoming packets with NCTSN information were mailed, “buddy” sites were identified and a new grantee orientation meeting was held in late October in Chicago.
- Network centers **provided direct clinical services to 10,795 children** who were traumatized by physical abuse, sexual abuse, domestic violence, community violence, traumatic loss, refugee experiences, school experiences, or medical experiences. These direct clinical services were made available in mental health clinics, communities, schools, and other settings.
- Network centers **trained 13,822** mental health professionals, teachers, primary care providers, and other professionals to treat and/or assess child traumatic stress. This training took place in many different venues.
- Members of the NCTSN **educated over 21,000** professionals in child-serving systems, judges and law enforcement officials, members of faith-based groups, public health officials, policy makers, government officials, members of the general public, and the media about the causes and consequences of traumatic stress, how to recognize when children need help, and where to find that help.
- The NCTSN launched **7 accelerated collaborative projects** that were awarded supplemental funds through the NCCTS to expedite production in 2004.

CLINICAL AND BEHAVIORAL OUTCOMES

A major effort is underway to develop and implement a system throughout the NCTSN for collecting data on the clinical and behavioral outcomes of the thousands of children who receive services each quarter from Network centers. This system and the data it will yield have come to be known as the core data set.

I. The Core Data Set and Electronic Data Capture System

The Data Core continued the process of developing an electronic data capture (EDC) system that Network centers will use to collect and submit data via the Internet. This data will come from a common set of measures of trauma exposure, and clinical and behavioral outcomes. Network centers are being prepared to contribute to the core data set through individual site consultations and organized workshop sessions such as those held at the All Network Meeting in December. Data collection using the EDC is slated to begin in May 2004.

II. Regulatory Requirements

The requirements of several regulatory bodies have to be taken into consideration before collection of data can begin. Among these are the federal government's Office of Management and Budget, HIPAA requirements, and the local Institutional Review Boards. In December the Office of Management and Budget ruled that instruments used for the core data set did not have to be submitted to them for their approval because they are being used to collect clinical data. After their review, Duke University's Institutional Review Board gave notice of their decision to consider this data collection effort to be quality improvement rather than research.

DEVELOPMENT AND ADOPTION OF ASSESSMENTS AND TREATMENTS

The NCTSN is, in part, a learning network in which researchers and service providers work together to develop and test assessments and interventions. The assessments can then be used both to plan individual treatment regimens and to evaluate the effectiveness of interventions and services for traumatized children and their families.

The ultimate goal is to make developmentally appropriate, trauma-focused, evidence-based practices available to children in all care settings. Within the Network a wide range of projects are underway to develop effective services for traumatized youth. Some of these are being carried out under the auspices of Network collaborative groups operating within the Network's Learning from Research and Clinical Practice Core and Data Core while others are being conducted by individual Network centers.

I. Developing Assessments

An important part of determining the effectiveness of interventions is having instruments (e.g., surveys and questionnaires) that accurately assess the condition being studied. These instruments must be reliable and valid, in general, and effective when used with children and families from diverse ethnic and cultural backgrounds. Accurate assessments enable service providers to recognize the trauma-related needs of children and their families so that they can provide appropriate services. This section reports progress on projects that are underway to (1) develop and test assessment tools, and (2) use assessment tools in improving treatment.

Progress Developing and Testing Assessment Instruments

- **Chadwick Center for Children and Families Trauma Counseling Program, San Diego, CA**, completed a study of the validity of the Symptom Checklist for Young Children and is making arrangements to share data that will be used in the developing a manual for this instrument.
- Staff of the **Mississippi Child Trauma Therapeutic Services Center, Jackson, MS**, conducted a review of relevant literature on resilience factors in children and adolescents exposed to trauma and how to assess those factors. Their review pointed to the Life Assets and Values Assessment (LAVA) as an instrument that is potentially useful for this purpose. Focus groups were conducted with frontline workers, community trauma experts, and youth with a history of trauma to discuss the constructs underlying the measure, its cultural relevance, and the compatibility of items with respondents' use of language. This information is being integrated into an iteration of the LAVA that will be subjected to further validation.
- The National Center's **Terrorism and Disaster Branch (TDB)** is constructing a screening tool to identify children at risk for developing negative outcomes and children who are likely to show resilience in the aftermath of a traumatic event. The group is currently evaluating the screen and making plans to pilot it in a school district.
- **The Trauma Center, Massachusetts Mental Health Institute, Allston, MA**, has been modifying the Child and Adolescent Needs and Strengths–Trauma Exposure and Adaptation (CANS-TEA) measure so it can be used in a variety of different settings. This past quarter, staff at the **Center for Medical and Refugee Trauma, Boston Medical Center**, were trained to administer and use this assessment.

Progress Using Assessment Tools to Improve Service Effectiveness

- **Jewish Board of Family and Children's Services, Center for Trauma Program Innovation, NYC**, is developing a standard battery of trauma assessment instruments for use by clinicians in the center's day treatment, outpatient, and residential programs.

- **New Mexico Alliance for Children with Traumatic Stress, Santa Fe, NM**, is planning the implementation of a screening tool for post-traumatic stress developed by UCLA and Rand in middle and high schools attended by Native American children of Acoma and Laguna heritage. Training is scheduled for February with implementation to follow in the spring. In another project, the New Mexico alliance is working with therapists from the Navajo Child Special Advocacy Program to develop culturally sensitive methods for conducting forensic interviews with Navajo children.
- **North Shore University Hospital Adolescent Trauma Treatment Development Center, Manhasset, NY**, is redesigning the Structured Interview for Disorders of Extreme Stress (SIDES) to increase its readability, make it more user friendly, and create clearer rules for scoring to improve its reliability. A draft of the updated SIDES measure is nearing completion.
- **Safe Horizon-St. Vincent's Child Trauma Care Initiative, NYC**, the **Institute for Trauma and Stress**, the **NYU Child Study Center, NYC**, the **Allegheny General Hospital Center for Child Abuse and Traumatic Loss, Pittsburgh, PA**, and members of the National Network's **Child Traumatic Grief Task Force** are collaborating on a pilot study to assess the feasibility of using a battery of assessment instruments in Safe Horizon's Family of Homicide Victims Program.

II. Developing and Testing New Interventions

This section reports the progress Network centers are making in developing evidence based treatment models using studies of the effectiveness of new and existing interventions in treating trauma. There are a number of steps involved in developing and testing interventions. These include designing an intervention for a particular need or problem based on the best available information about the needs of the youth involved and the effectiveness of practices others have previously used with the same or similar populations, developing materials or training methods to teach people how to carry out the intervention, devising measures to tell if the intervention is being used as intended, testing the feasibility of implementing the practice in real-world settings, and evaluating the effectiveness of the intervention.

Progress Developing and Testing New Interventions

- **Boston University, Adolescent Traumatic Stress and Substance Abuse Treatment** is developing an integrated treatment model that addresses trauma and substance abuse in adolescents. The relevant literature has been reviewed, leading experts in traumatic stress and substance abuse have been consulted, and plans are being made for pilot testing this protocol.
- **Center for Child and Family Health, Durham, NC**, plans to improve and expand early intervention services. They have identified several home visitation models and are working with other Network members to fill in gaps in these models. This center will also be providing outreach, assessment, and treatment services to families from selected neighborhoods to reduce rates of child abuse and neglect. Initial outreach, screening, assessment, and treatment services have been developed. Staff are also working with law enforcement, a faith-based organization, and several community leaders to address needs of children in families who have experienced a homicide and/or loss due to serious physical violence.
- The Child Development Community Policing Program developed by the **Yale Child Study Center, Childhood Violent Trauma Center, New Haven, CT**, is being implemented at two Network centers – **Healing the Hurt, Directions for Mental Health Inc., Clearwater, FL**, and the **Childhood Trauma Intervention Center, Nashville, TN**. On-going consultation is also being provided to centers using the intervention and plans are being developed for an intensive national evaluation of this program.
- **Children's Institute International, Central L.A Child Trauma Treatment Center**, provides group intervention for children affected by domestic violence and their mothers. Initial analyses of program data indicate a relatively high proportion of these young children witnessed life

threatening violence in their own homes. For example, 38% of the children reported that their fathers endangered the life of their mothers, and 27% reported that their fathers had threatened to kill their mothers (N=84).

- The **Children's Institute International, Central L. A. Child Trauma Treatment Center** is collaborating with **North Shore University Hospital Adolescent Trauma Treatment Development Center, Manhasset, NY**, on adapting North Shore's group protocol for adolescents for use with Latino youth living in inner-city neighborhoods. Children's Institute International implemented significant sections of the adolescent group protocol in their domestic violence program.
- **Cullen Center for Children, Adolescents, and Families, Toledo, OH**, completed an assessment of the trauma-related needs of youth placed in juvenile detention facilities and is now in the process of developing a trauma treatment and psychoeducation group for these youth.
- **International C.H.I.L.D., Center for Multicultural Human Services, Falls Church, VA**, completed the initial draft of the curriculum "My Story" used in their summer program for children who are refugees from Sierra Leon. Pre-post data are being analyzed on children who participated in this program last summer and 6-month follow-up data will be collected in February.
- **Jewish Board of Family and Children's Services, Center for Trauma Program Innovation, NYC**, is developing the Sanctuary treatment model, which involves creating and maintaining a nonviolent, democratic, therapeutic community in residential programs for youth. This past quarter, JBFCS added a psychoeducation music component to the model. Also, a new approach is being developed for training staff in the Sanctuary model that combines didactic and experiential modalities using professional actors to act out real-life situations that staff are likely to encounter.
- **North Shore University Hospital Adolescent Trauma Treatment Development Center, Manhasset, NY**, collected pre-intervention measures on 19 adolescent girls who are receiving an intervention that is being piloted in a school program for teen parents. **Safe Horizon-St. Vincent's Child Trauma Care Initiative, NY**, **Children's Institute International in L.A.**, and the **Andrus Center, Westchester, NY**, will also be participating in testing this intervention.
- **North Shore University Hospital Adolescent Trauma Treatment Development Center, Manhasset, NY**, continues to revise and refine their peer educator model based on feedback from students. The most recent version was sent to the **Mt. Sinai Adolescent Health Center, NYC**, for review and possible inclusion in their peer program. Locally, North Shore trained more than 100 peer educators from 15 schools. This center is also working with **Children's Hospital of Philadelphia** to help a national non-profit agency plan mental health interventions for children and adolescents with cancer. Plans are being made to evaluate an existing intervention used in cancer retreats for families.
- **Oklahoma Community Treatment and Service Center (OCTSTC), Tulsa, OK**, will be disseminating a best practice for childhood trauma treatment models to OCTSTC staff and assessing the concordance of different methods for identifying youth who have been traumatized.
- **Parson's Child and Family Center, Albany, NY**, is testing the effectiveness of an arts-based narrative treatment called Real Life Heroes. The research design for evaluating Real Life Heroes has been completed and the study has received IRB approval. Training of staff began in November.
- **Safe Horizon-St. Vincent's Child Trauma Care Initiative, NYC**, is currently piloting the Enhancing Resiliency group model developed by North Shore University Hospital in two Safe Horizon Safe Harbors; one in a high school overlooking Ground Zero in lower Manhattan, and one in a high school in the south Bronx (a high school on New York City's list of most dangerous high schools). Safe Harbor staff are receiving monthly consultation with developers at North Shore. This center

also completed a manual and related technical assistance materials for their Safe Harbor intervention model.

- Members of the NCTSN **Terrorism and Disaster Branch** are working with the **Yale Child Study Center, Childhood Violent Trauma Center, New Haven, CT**, to adapt their Child Development Community Police Program for use with firefighters. Members are currently reviewing existing materials for firefighters on how to assist children following fire-related trauma and developing a preliminary survey tool to assess firefighters' interaction with children following fires.
- With support from researchers from **Catholic University's School of Social Work, Wendt Center for Loss and Healing, Washington, DC**, conducted follow-up evaluations with 50 parents of youth who participated in Camp Forget-Me-Not. Data are being analyzed to assess the impact this intervention model had on traumatic grief. Wendt Center also provides group services to children and parents impacted by traumatic grief in their main office as well as satellite locations and two public elementary schools. Pre- and post-test data are being collected to evaluate the impact these groups have on youth.

III. Adopting and Adapting Treatments

There are some interventions that, according to research evidence, produce favorable clinical and behavioral outcomes. When providers select these treatments they are *adopting* them. In some cases, however, research may show that an intervention is effective but its effectiveness may not yet have been tested for children with the characteristics or problems that a provider is treating. For example, a provider may find that there is an intervention that has been tested with teenagers, but that it has not been used with pre-schoolers, or an intervention that was used in mental health settings but has not been tested in school settings. When providers use interventions that have been tested, but modify them for use with a new group of children, a different problem, or a new setting they are *adapting* them.

Network centers are currently involved in multiple studies of treatment adoption and adaptation. One of the primary treatments being modified by centers for use with traumatized children is trauma focused cognitive behavioral therapy (TF-CBT), but there are others. TF-CBT, formerly Cognitive Behavioral Therapy for Child and Adolescent Traumatic Stress (CBT-CATS), is a treatment intervention designed to help children, adolescents, and their parents overcome the negative effects of traumatic life events such as child sexual or physical abuse; traumatic loss of a loved one; domestic, school, or community violence; or exposure to disasters, terrorist attacks, or war trauma. This treatment integrates cognitive and behavioral interventions with traditional child abuse therapies for the purpose of enhancing children's interpersonal trust and re-empowerment. TF-CBT can be provided to children 3 to 18 years old and their parents by trained mental health professionals in individual, family, or group sessions.

Progress Adopting and Adapting Treatments

Cognitive Behavioral Treatment

- **Allegheny General Hospital Center for Child Abuse and Traumatic Loss, Pittsburgh, PA**, completed a pilot study of the effectiveness of TF-CBT for children with traumatic grief. Findings from this study provide preliminary support for adapting TF-CBT to treat traumatic grief and also point to the benefits of including parents in treatment.
- **Harborview Center for Sexual Assault and Traumatic Stress, Seattle, WA**, is in the process of planning the dissemination of the a community violence intervention developed by the **L.A. Unified School District** to two Seattle schools and a community agency serving Asian youth and families. A date has been set for training by L.A. Unified School District staff.
- **Mount Sinai Adolescent Health Center, NYC**, is implementing TF-CBT in a traumatic bereavement support group.

- **Parson's Child and Family Center, Albany, NY**, has been designing training for CBITS (Cognitive-Behavioral Intervention for Trauma in Schools) and developing fidelity assurances. Plans are being made to train Parson's school and day treatment staff to implement this intervention.
- **Safe Horizon – St. Vincent's Child Trauma Care Initiative, NYC**, is piloting TF-CBT.
- **University of New Jersey Center for Children's Support, Stratford, NJ**, plans to disseminate TF-CBT for child sexual abuse to **Regional Diagnostic and Treatment Centers** in New Jersey. Conversations have been held with the **Medical University of South Carolina, National Crime Victims Center, Charleston, SC**, about them adapting the Center for Children's Support's TF-CBT protocols for the Latino population.

Other

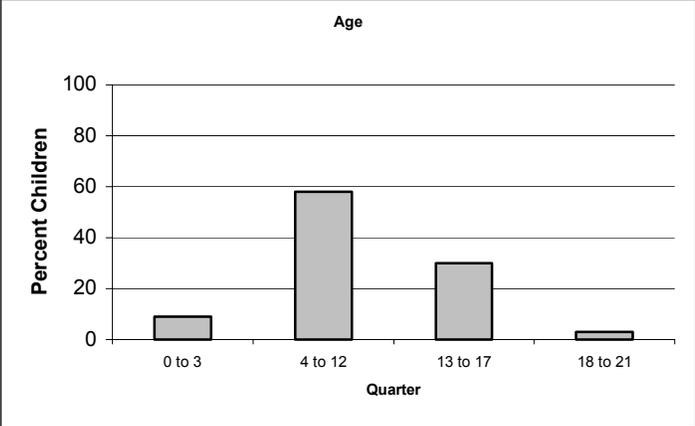
- **Family, Adolescent, and Child Enhancement Services, Chicago, IL**, participated in Illinois' Refugee Family Strengthening Project. In collaboration with 14 other refugee and immigrant social services agencies, they are developing a parent training and a marital issues training curriculum for refugee parents.
- **Harborview Center for Sexual Assault and Traumatic Stress, Seattle, WA**, is in the process of developing plans to implement a version of Parent-Child Interaction Therapy adapted for exposure to domestic violence in a domestic violence shelter/transitional housing program.
- **The Trauma Center, Massachusetts Mental Health Institute, Allston, MA**, is developing a parent manual specifically for parents of children who have been traumatized. They have selected the content for the manual and are designing a section on hands-on parenting techniques.
- **The Trauma Treatment Replication Center, Cincinnati, OH**, is developing a replication package for PCIT training. An IRB proposal has been drafted and agreements are being finalized with the agencies that will be participating in replication studies.

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 information that centers report to SAMHSA on a quarterly basis via the Service Utilization and Quarterly Report Forms.

I. Demographic Characteristics of Children Served by NCTSN Centers

The age and gender distribution of the children being served by Network centers remained relatively unchanged in this quarter. Approximately 58 percent of children served by Network centers in the quarter were ages 4 through 12, approximately 30 percent were teens (age 13 to 17), and a slight majority were female (55 percent) ¹. This remained unchanged in spite of the fact that seventeen additional centers were added to the Network during the past quarter.

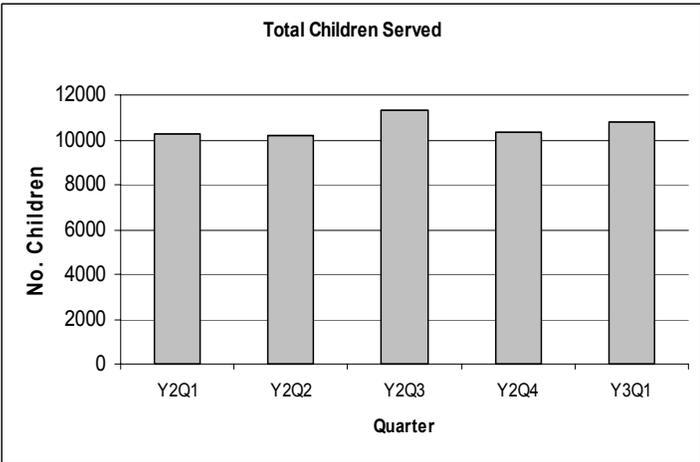


Ethnicity	% Children
Hispanic	35
Other	65
Race	% Children
White	53
Black	41
Multiracial	5
Asian	1
American Indian	<1
Pacific Islander	<1

There was, however, a shift in the racial distribution of the Network’s overall client population. The proportion of White children decreased from 60 percent in the previous quarter to 53 percent in this quarter, and the proportion of Black children increased from 32 to 41 percent. The proportion of Hispanic and non-Hispanic children remained stable (see table to the left).

II. Direct Clinical Services²

Network centers provided clinical services to 10,795 children in the current quarter, approximately the same number as in the previous quarter (10,362) and one year ago (10,266)³. Direct clinical services include individual and group therapy, evaluation, crisis response, medication check, etc. These services may have been delivered in a clinic, school, home, or other location.



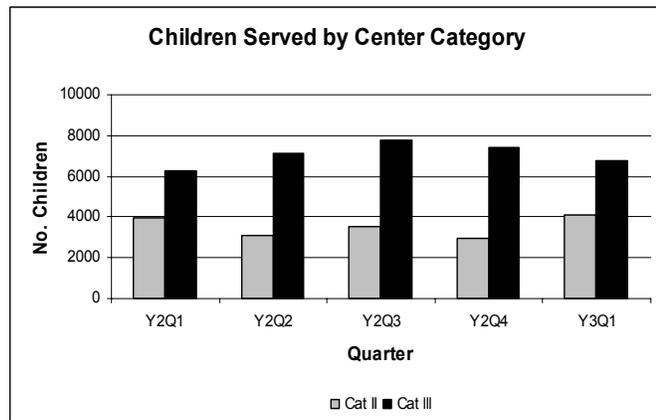
¹ One of the challenges facing the National Network is that members keep records in very different ways. This means that it is not always possible for centers to report data in a metric that is consistent across centers. Consequently, demographic information is based on the report of subset of approximately 75% of centers that are able to report these data using the categories requested by the Service Utilization Form.

² Y2Q1 N=29 Y2Q2/Q3 =31 Y2Q4=34 Y3Q1 N=43

³ Each center is asked to provide an “unduplicated” count of children served during the quarter meaning that a child is counted only once regardless of the number of visits to the setting. If the same child receives services in a subsequent quarter, that child is also included in the count for that subsequent quarter; data are “unduplicated” within, but not across quarters.

Direct Clinical Services by Center Category

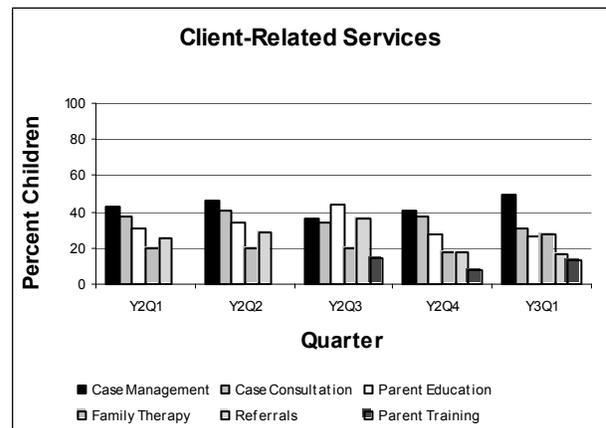
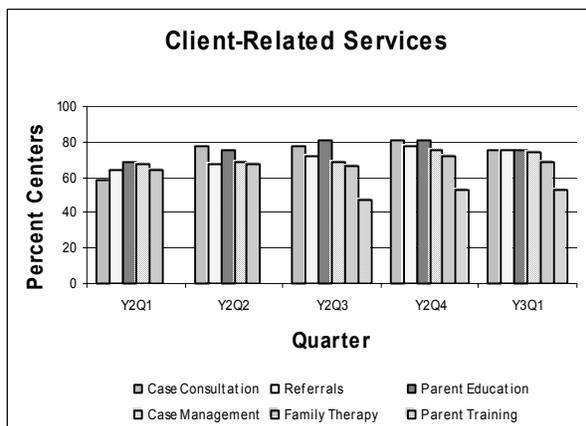
Not surprisingly, Category III Community Treatment and Services Centers reported serving a greater number of children than did Category II Development and Evaluation Centers. Thirty-eight Category III centers served a total of approximately 6,729 children this past quarter, whereas the 15 Category II centers served 4,066 children or about 38 percent of all children served.



III. 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, parent training, case consultation, family therapy, or referrals. The chart below shows the percentage of Network centers that provide these types of services. Compared to the previous quarter, the proportion of centers providing case consultation, referrals, and parent education declined slightly, possibly reflecting the fact that 17 out of the 53 centers reporting data this quarter were new to the Network and would have been occupied by various start-up activities (e.g., hiring staff and so forth). Compared to the same quarter a year ago, however, a greater proportion of centers (left-hand graph below) were providing each type of service with the exception of family therapy, suggesting that overall progress is being made in expanding the availability of client-related services.

In terms of the proportion of children (right-hand graph below) reported as receiving client-related services, case management is up over the previous quarter (50 versus 40 percent) as are family therapy (28 versus 18 percent) and parent training (13 versus 8 percent). The percent of children receiving case consultations declined (31 versus 37 percent), and parent education and referrals remained relatively unchanged.



Case Consultation

Providing professional or clinical expertise to another provider for the benefit of a specific client.

Referrals

Services that direct, guide, or link the client with other appropriate services.

Parent Education

Providing information to parents or other caregivers that increases their understanding of children's needs related to traumatic stress.

Case Management

Activities related to locating services for clients other than those provided by the Center, linking the client with those services, and monitoring the client's receipt of services. Can be provided by an individual or a team and may include both face-to-face and telephone contact with the client and other service providers.

Family Therapy

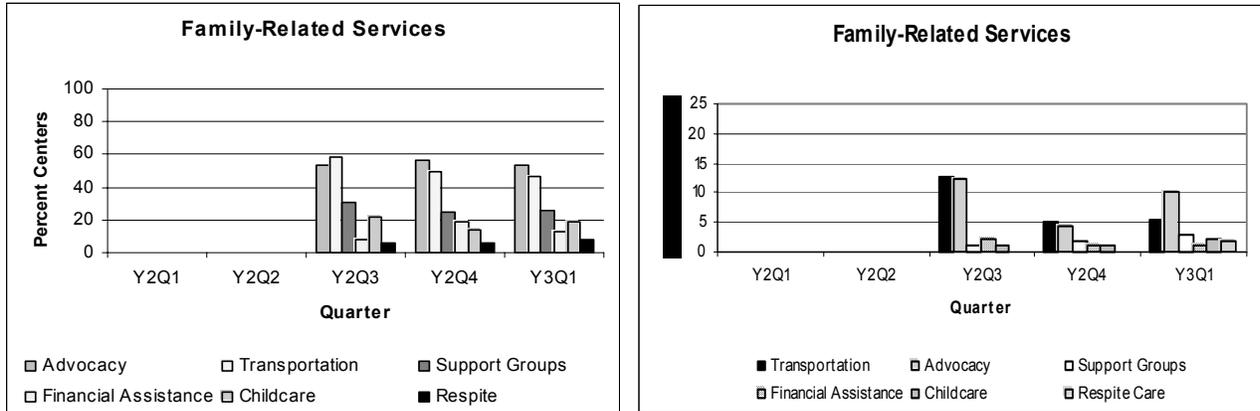
Planned therapeutic sessions involving the client and other family members.

Parent Training

Teaching of specific skills for managing children's behaviors taught to individual parents or groups of parents. This category was reported for the first time in the Q3 reporting period.

IV. Family-Related Services

Network centers also sometimes provide services such as childcare, financial assistance, and transportation to family members. These services are not treatment per se, but services that may be needed to enable families to participate in treatment or cope effectively with problems their children are experiencing. With 17 additional centers reporting data this quarter, the *proportion of centers* (left-hand graph below) providing support groups and respite increased slightly, and the proportion of centers providing advocacy, financial assistance and transportation declined. In terms of the *proportion of children* reported as receiving these services, the rate is much lower than that for client-related services. Transportation and advocacy are the most frequently reported and they have not exceeded 13 percent of the cases in any given quarter.



Transportation	Transportation arrangements made or provided by the program for the purpose of allowing the target child and/or parent/caregiver to take part in treatment or treatment related activities.
Advocacy	Actions taken with or on behalf of a specific child or parent/caregiver to assure the person's views and/or needs are understood and addressed.
Support Groups	Groups attended by parents or other primary caregivers which are not group therapy and which are not counted as parent education or parent training.
Childcare	Childcare provided for targeted child and/or other children living in the home for the purpose of allowing the parent or other primary caregiver to take part in treatment related services.
Financial Assistance	Direct financial assistance paid by the program to or on behalf of a parent or caregiver such as assistance paying for utility bills, rent, making repairs to a home, fees for after-school programs, or expenses for summer camp.
Respite Care	Childcare or other activities arranged by the Center for the targeted child for the purpose of reducing caregiver strain. Service may be provided in the home or another setting.

V. Changes in Capacity to Provide Services

The trauma services provided by some centers occur in the context of a broader mental health program. For example, participation in the Network may have enabled a pre-existing mental health program to add new trauma-focused services for a previously underserved population of children. Centers were asked to report fluctuations in resources, in particular changes in funding or reimbursement levels for services not funded by SAMHSA, the number of staff providing services, the availability of transportation for clients, and the amount of space available for providing services. In the current quarter, 53 Category II and III Network centers provided information on changes in these resources. Approximately one in five centers reported an increase in staffing (21 percent) or space (18 percent) (see table on following page). At the same time, approximately one in ten (11 percent) reported a decrease in staffing (see table on following page) or funding (10 percent)

Resource	Large Decrease	Moderate Decrease	Small Decrease	Unchanged	Small Increase	Moderate Increase	Large Increase
	% Centers	% Centers	%Centers	% Centers	%Centers	%Centers	%Centers
Satellite facilities	0	0	0	96	2	2	0
Client transportation	0	0	6	88	4	2	0
Funding	4	4	2	85	2	4	0
Space	0	2	0	81	8	8	2
Staffing	0	4	7	67	13	8	0

VI. Progress Improving the Availability of Services

- **Aurora Mental Health Center, Aurora, CO**, has been meeting regularly with the **Arapahoe County Department of Human Services' Sexual Abuse Recovery Team** to improve the coordination of services between these two agencies. Also, Colorado's Lieutenant Governor, Jane Norton, appointed this center's director to the Committee to Promote Adoption.
- Changes to the Infant Toddler Program-Part C of IDEA make it possible for the **Center for Child and Family Health, Durham, NC**, to serve children ages zero to three who have experienced serious trauma. Efforts are underway to make similar services available statewide.
- Staff from the **Center for Multicultural Human Services, Fairfax, VA**, are providing expertise to the **Fairfax County Citizen Corporation** to address mental health needs of first responders (i.e., law enforcement and fire fighters) in emergency and disaster situations. Representatives from this center also provided consultation on the effects war has on children to members of a faith-based group serving an African orphanage.
- The **Children Who Witness Violence Program (CWWV), Cleveland, OH**, held Camp Bridges, a one-day camp for children who have lost a parent to either murder or suicide. The program was staffed by social workers and other professionals experienced in dealing with children who volunteered to participate in the program. CWWV staff are also meeting with local law enforcement personnel to facilitate referrals from officers to the program and support for staff working in high-risk neighborhoods.
- **Children's Trauma Consortium of Westchester, Valhalla, NY**, continues to provide therapeutic nursery services for children ages two to five who have been exposed to multiple traumas, clinical and case management services for children under age eight living in families who have been confronted by multiple stressors, and crisis intervention services to individuals experiencing acute instances of stress (e.g., death of a child or parent, severe accident, sexual assault, and so forth).
- The **Childhood Trauma Intervention Center, Nashville, TN**, is collaborating with the **Metropolitan Nashville Police Department**, the **Department of Children Services, Pearl Cohn High School**, and the **Nashville Child Advocacy Center**. Referrals are being received from the police department's domestic violence division and the high school.
- Members of the **Division of Educational Research and Services, Missoula, MT**, have been meeting with tribal officials and school personnel to informally assess key tribal concerns about domestic violence, drug/alcohol abuse, abandonment/neglect, school dropout rates, divorce, and accidental death.
- The **Early Trauma Treatment Network (ETTN)**, a center made up of four organizations, is working with a wide variety of organizations to increase the availability of services to identify and treat traumatic stress in very young children. Among the groups with which they are currently collaborating are the **National Council of Juvenile Judges**, the **Pew National Commission for Children in Foster Care**, the **Early Childhood Supports and Services Program**, the **Louisiana Office of Mental Health**, **Early Head Start**, **Child Care Initiative Working Group**, and the **Suffolk County Sheriff's Office**.

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National Child Traumatic Stress Network

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- **Family, Adolescent, and Child Enhancement Services, Chicago, IL**, took part in the development of the **Illinois Association of Healthcare Interpreters**.
- This quarter marks the beginning of the Network's third year of partnership with the **Federation of Families**. At the Federation's annual conference, focus groups were conducted and survey data were collected on family members' perceptions of barriers to accessing child trauma services. A report of the results of the survey and focus groups has been widely disseminated.
- **Harborview Center for Sexual Assault and Traumatic Stress, Seattle, WA**, is collaborating with a local community program to bring assessment and treatment services to females in juvenile detention facilities. This center is also undertaking a project to study ways of increasing access to services for teenage rape victims. Procedures have been outlined, instruments selected, and IRB approval is being sought.
- Staff from the **Jewish Board of Family and Children's Services, Center for Trauma Program Innovation, NYC**, consulted with administrators and social workers at the Westside School Day Treatment Program after two students were injured and one was killed in a stabbing incident near the school. This school serves adolescent males ages 13 to 19 that are unable to attend regular public school because of aggressive behavior.
- Staff from the **Kansas City Metropolitan Child Traumatic Stress Center, Kansas City, MO**, are participating in the **Kansas City Child Abuse Roundtable** keeping local legislators, service providers, and community leaders updated on information about child traumatic stress. Staff also participate in the **Jackson County Greenbook Initiative**, a project aimed at improving responses to co-occurring domestic violence and child abuse.
- Staff from **LaClinca del Pueblo, Inc., Washington, DC**, met with the **DC Mayor's Police Task Force** as part of a community collaborative effort to eradicate violence in DC neighborhoods.
- **Mt. Sinai Adolescent Health Center, NYC**, is part of **The Partners in Healing Initiative**, a citywide endeavor to strengthen the capacity of community-based after school programs to provide mental health services to young people and families impacted by 9/11. Staff are writing, compiling, and editing the curriculum guidebook for this initiative. Also, this center expanded their on-site mental health services to include West Side High School, a high school in which the majority of students have a history of involvement in the justice system, child welfare services, and various other institutions.
- **North Shore University Hospital Adolescent Trauma Treatment Development Center, Manhasset, NY**, is taking part in a national group sponsored by **America's Health Together** that is exploring policies pertaining to primary care workers providing mental health services. This center continues to work with **Hofstra University Law School**, **the Educational Assistance Corporation**, and the **Nassau County Supreme and Family Courts** on a project which will make mental health services available to children and adolescents in high conflict custody cases, and with the **New York State Office of Court Administration** in developing guidelines for parental child custody education programs. North Shore is also designing and implementing a survey to identify concerns/needs of children of EMS workers that will be used to design a parenting handbook for EMS workers.
- **Open Arms, Inc., Albany, GA**, is working to improve the identification and treatment of trauma for children involved with the child welfare system. Current efforts include The Bridge, an emergency temporary shelter for abused and neglected children; the Sunshine Center and CASA child advocacy programs; and a transitional living program for youth transitioning out of foster care.
- **Safe Horizon-St. Vincent's Child Trauma Care Initiative, NYC**, continues to run a joint programming initiative at the High School of Economics and Finance, a high school overlooking Ground Zero. The joint program provides a continuum of care for students, families, and staff of the high school by

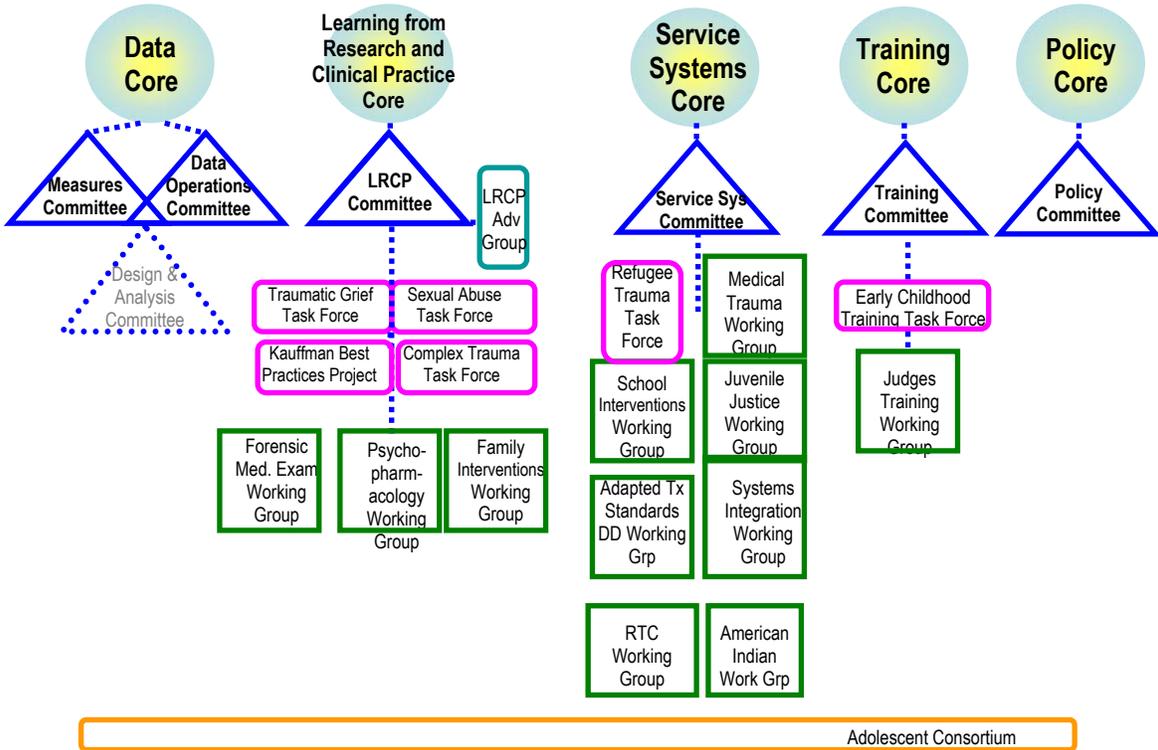
providing supportive clinical mental health treatment and services through both St. Vincent's school-based mental health services and Safe Horizon's Safe Harbor Program.

- The Network's **School Intervention Working Group** completed literature reviews and consulted with Networks experts in preparation for creating a guidebook for school mental health personnel to use in responding to crises and disasters.
- The National Center's **Terrorism and Disaster Branch (TDB)** and **School Crisis and Intervention Unit** activated the Rapid Response Support Team (RRST) to assist local, state, and federal agencies responding to wildfires in California. The RRST coordinated activities with the **American Red Cross**, **California State Department of Mental Health**, and the **California State Disaster Coordinator**. Members of the RRST also worked closely with each of the school districts impacted by the fire. The Network center in San Diego, **Chadwick Center for Children and Families Trauma Counseling Program**, was mobilized to provide screenings and treatment to impacted students. RRST members are exploring ways of assisting several Native American groups who were devastated by this disaster and will be working with the **Centers for Disease Control and Prevention** to evaluate the impact of these fires on families and children.
- **University of New Jersey Center for Children's Support, Stratford, NJ**, is working closely with the **New Jersey Division of Youth and Family Services (DYFS)** to increase the delivery of TF-CBT to children who have suffered maltreatment. This includes educating DYFS workers about the benefits of TF-CBT, improving the referral process, and increasing collaborative efforts between the center's staff and DYFS personnel.
- The **Wendt Center for Loss and Health, Washington, DC**, has been very involved in the revitalization and formalization of the **DC Children's Grief and Loss Network**, a coalition of professionals from DC public and charter schools, community agencies, hospices, and grief centers.

COLLABORATIVE GROUP ACTIVITIES AND ACCOMPLISHMENTS

The President's New Freedom Mental Health Commission Report emphasizes that the mental health system must rely on greater collaboration and integration to ensure more effective and efficient delivery of services. Within the Network, collaborative 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 to accomplish its goals of improving the availability and quality of services for youth with traumatic stress and their families. This report contains information on the progress of the Network in developing collaborations and their progress during the period October to December 2003.

Functional Cores and Associated Collaborative Groups



I. Collaborative Groups

This quarter marks the beginning of the third year of the National Network for Child Traumatic Stress. Twenty-five formal collaborative groups are operating under the auspices of the five National Network functional cores (see figure above). One of the newer groups, the Adolescent Network, held a face-to-face meeting this past quarter during which five subcommittees were established – Crime Victimization, Adolescent Car Crashes, Chronic Trauma and Long-term Interventions, High-risk Behaviors, and Adolescent Development. One of the first projects the Adolescent Consortium will work on is a product designed to raise awareness about the scope and consequences of adolescent trauma.

II. Collaborative Projects

Accelerated Projects

The National Center, with input from the NCTSN Steering Committee and SAMHSA, identified seven Network projects that will be receiving supplemental support to accelerate their development in the upcoming year.

Each project has been assigned a leader within the NCCTS and a Steering Committee liaison. Procedures for managing, supporting, and monitoring these projects have been developed. The projects were formally announced at the All-Network Meeting, and Network members are being encouraged to participate. Most accelerated project teams held their first meetings, generally under the auspices of new or existing collaborative groups, at the All Network Meeting. The seven projects targeted for accelerated development include the:

- Child Welfare System Training Curriculum
- “Children of War” Educational Package
- Domestic Violence / First Responder Protocols
- Measures Review Database
- Toolkit for Hospital Personnel
- Traumatic Grief Training Package
- TF-CBT for Sexually Abused Children Implementation Resource Kit

Progress on Other Projects

A number of significant Network products have been finished and formally disseminated by the now fully staffed and operational National Resource Center. Recently completed products include Traumatic Grief Educational Materials, and reports on Complex Trauma and Refugee Trauma. Under the guidance of the National Resource Center’s Executive Editor, products are reaching completion with a uniform look and voice.

As of the end of the present quarter, the 25 Network collaborative groups were involved in a total of 57 projects (accelerated projects not included). Half (51percent) of which focus on developing materials for use in educating or training the public and professionals. The other half were distributed between projects to assess the current state of knowledge in a group’s area of concern (16 percent), or with establishing specifics about the needs or problems to be addressed by the group (33 percent).

Focus of Activities	Collaborative Projects
	No. (%) N=57
Education and Training Products	29 (51)
Review of the Field	9 (16)
Needs Assessment	19 (33)

Education and Training Products

Of the 29 group projects that involve products, seven (24 percent) are brief informational materials summarizing information on the causes, consequences, and treatment of trauma for parents and wide variety of other audiences; five of these have been completed. A further seven (23 percent) involve training materials (e.g., curricula or videos) for teaching professionals skills for assessing and treating trauma; four of these have been completed. Practice guidelines and manuals make up another six (20 percent) of the products. These provide information for professionals on appropriate therapeutic responses for addressing the needs of traumatized youth and their families, but are not generally as detailed or skill-focused as training materials. Additional information about specific collaborative groups and products is located in Appendix C.

Type of Product	Total No. (%)	Stage of Completion		
		Planned No.	In Progress No.	Completed No.
Brief informational materials	7 (24)		2	5
Training materials	7 (24)	1	3	3
Practice guidelines/manuals	6 (21)		4	2
White papers	6 (21)	1	3	2
Books for children	2 (7)	1	1	
Reading lists	1 (3)			1
TOTAL	29 (100)	3	13	13

TRAINING

I. Training Activities⁴

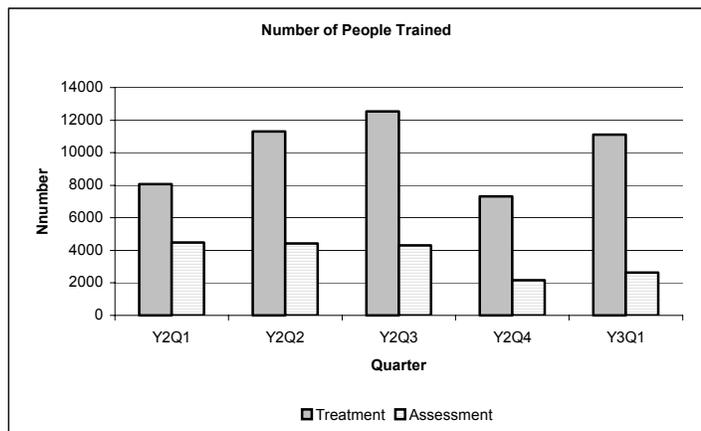
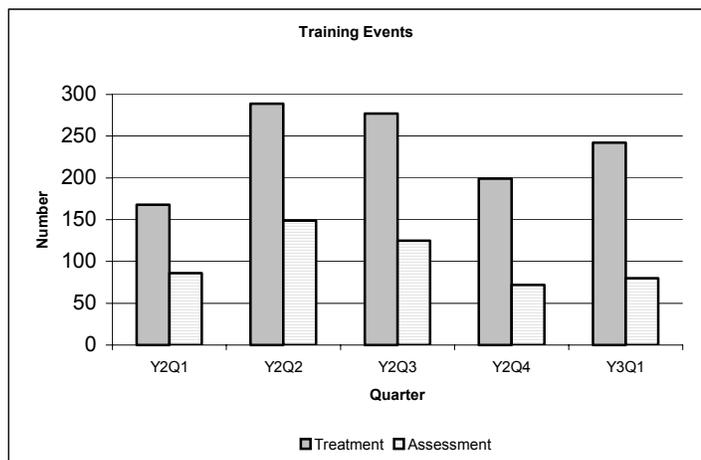
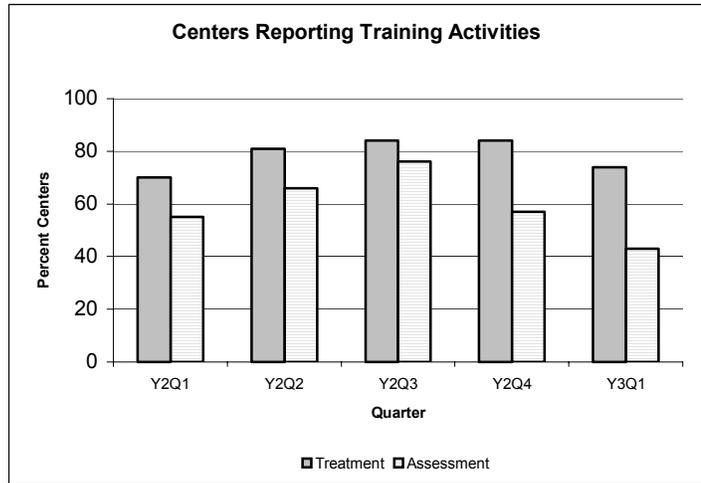
The Network expanded to include 17 additional centers after the beginning of the current quarter, representing a 46% increase in the number of Network centers over the prior quarter. One would expect, however, that new centers would have been involved in start-up activities (e.g., hiring staff and implementing services) that may have reduced their time for training activities. Consequently, it may not be surprising that there was a decline relative to the previous quarter both in the proportion of Network centers reporting they held trainings on the treatment of traumatic stress (74 percent) or on the assessment of traumatic stress (43 percent). Compared to the same quarter a year ago, however, a slightly larger proportion of centers reported trainings on the treatment of traumatic stress (74 percent versus 70 percent), but a smaller proportion held trainings on assessment (43 percent compared to 55 percent).

Number of Events

Centers reported a total of 244 training events on the treatment of traumatic stress this quarter, almost 76 more than during the same quarter last year. The number of trainings on the assessment of traumatic stress held during the past quarter (80) was approximately the same as during the same quarter one year ago (86).

Number of People Trained

Again making the differentiation between training in treatment techniques and training in assessment techniques, the number of people attending trainings on the treatment of traumatic stress (11,189) increased markedly this quarter compared to both the previous quarter and the same quarter last year. The number of people trained in the assessment of traumatic stress this quarter (2,633) was approximately the same as last quarter, but down from this period last year.



⁴ Y2Q1 N=24 Y2Q2 thru Y2Q4 N=37 Y3Q1 N=49

Categories of People Trained

Mental health, health care, and child welfare professionals continue to be the groups most often trained by Network centers to treat and assess traumatic stress. This quarter, two out of three centers (69 percent) trained mental health professionals to treat traumatic stress and two out of five (41 percent) trained them to assess traumatic stress.

	Categories of Trainees					
	Treatment % Centers			Assessment % Centers		
	Y2Q3	Y2Q4	Y3Q1	Y2Q3	Y2Q4	Y3Q1
Mental health	81	78	69	68	49	41
Health care	35	43	39	35	30	19
Child welfare	35	41	35	30	14	15
School professionals	38	43	33	24	22	7
Child care	27	30	28	19	11	9
Legal system	30	11	20	14	8	7
Dom. violence shelter staff	22	16	11	16	5	6
Faith-based groups	14	5	11	0	0	2
Parent/family	19	11	9	3	3	2
Government	14	8	9	8	5	6
Consumers	11	0	6	3	0	0
Fire/emergency personnel	5	0	2	0	0	0

II. Progress in Training Activities

- The **National Center for Child Traumatic Stress** and the **American Professional Society on the Abuse of Children (APSAC)** are collaborating to include several Network-specific activities as part of the 2004 APSAC Colloquium to be held in August.
- Among the training activities offered by the **Center for Medical and Refugee Trauma, Boston University Medical Center** this past quarter were a training on motivational interviewing for the medical center's Department of Pediatrics, a lecture on working with refugee populations for pastoral counseling students at **Harvard Divinity School**, and a workshop on working with child and adolescent refugees as part of a daylong conference on treating torture survivors sponsored by the **Boston Center for Refugee Health and Human Rights**.
- **Cullen Center for Children, Adolescents, and Families, Toledo, OH**, is working with the **Ohio Department of Mental Health** to set up a statewide training on evidence-based treatment for child traumatic stress. Cullen Center is also involved in a partnership of parents and professionals whose goal is to provide education and system supports to empower parents to advocate for their children; an outline for a training curriculum has been completed. This center is also working with other Network Centers (**Kansas City Metropolitan Child Traumatic Stress Center, MO**, and **Children's Institute International, Central L.A. Child Trauma Treatment Center**) to develop a training module on community engagement.
- **Chadwick Center for Children and Families Trauma Counseling Program, San Diego, CA**, trained mental health professionals on current best practices in responding in the immediate aftermath of a traumatic event. Representatives from **San Diego County** and the **American Red Cross** attended the training.

- The **Children Who Witness Violence Program, Cleveland, OH**, provided a three-hour training on the use of art therapy with children who witness violence.
- The **Early Trauma Treatment Network** is in the process of developing a DVD on young children and trauma. They have taped footage and a pilot version of the DVD is being circulated to organizations participating in the ETTN.
- The **Greater St. Louis Child Traumatic Stress Program, St. Louis, MO**, is providing training in trauma-focused CBT to community professionals and graduate students from a variety of settings.
- **Harborview Center for Sexual Assault and Traumatic Stress, Seattle, WA**, is developing a components based training grounded in the assumption that a set of principles and skills are shared across effective treatments for child mental health problems. They will be testing this training model in a community mental health agency in a neighboring county and are collaborating with **New Mexico Alliance for Children with Traumatic Stress, Santa Fe, NM**, on a study of the effect of training on the use and retention of cognitive behavioral therapy.
- **International C.H.I.L.D., Center for Multicultural Human Services, Falls Church, VA**, is continuing to develop a pre-doctoral internship program. In order to raise the visibility of this internship program, International C.H.I.L.D. applied to join the Association of Psychology Postdoctoral and Internship Centers. Ten individuals applied to the program for next year. Applications were screened and 7 applicants were invited for interviews in early January.
- The **Institute for Trauma and Stress, NYU Child Study Center, NYC**, is developing a measure for evaluating presentations and trainings. The form has been used thus far at eight trainings and filled out by about 100 people.
- **Jewish Board of Family and Children's Services, Center for Trauma Program Innovation, NYC**, created a workgroup to develop training evaluation instruments for evaluating trauma training for mental health professionals and teachers. Experts in the field of child trauma are being used to identify core competencies in the areas of assessment and treatment for traumatized children.
- **Kansas City Metropolitan Child Traumatic Stress, Kansas City, MO**, remain active on the **Training Committee for the Regional Homeland Security Mental Health and Disaster Subcommittee** and are involved in discussions about training for school-based crisis response teams in the Kansas City area.
- **Mid-Maine Child Trauma Network, Augusta, ME**, utilized the American Psychological Association "Road to Resilience" student/teacher materials in a presentation made to 120 teachers.
- **National Children's Advocacy Center, Huntsville, AL**, conducted a training called "Basic Clinical Practices: Treating Child Sexual Abuse Trauma." Participants received a copy of the first draft of "Resource Guide: For Therapists Working with Child Sexual Abuse Victims" for review and comment.
- **New Mexico Alliance for Children with Traumatic Stress, Santa Fe, NM**, is developing a reflective supervision model. Clinical supervisors and agency directors are making plans for a collaborative training with other Network centers and have developed a pre/post measure to gauge the use and retention of reflective supervision following training.
- **Parson's Child and Family Center, Albany, NY**, completed development of the Trauma Sensitive Care training curriculum for residential treatment center workers. Training in Trauma Sensitive Care was held for childcare workers, clinicians, and supervisors from two of Parson's residential programs. Self-report data were collected to assess changes in participant knowledge of childhood Posttraumatic Stress Disorder, confidence in working with children with traumatic stress histories, knowledge of trauma sensitive interventions, and confidence in using trauma sensitive interventions with children.

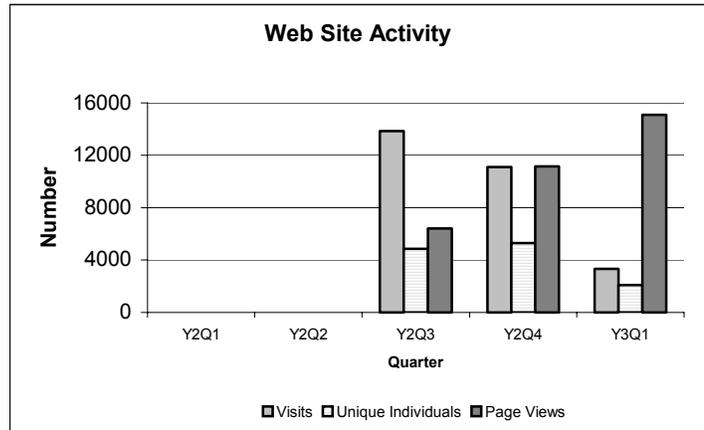
- The **Sidney Albert Training and Research Institute** partnered with the **Parson's Child and Family Center, Albany, NY**, to produce the 37th Annual Fall Institute – a state of the art conference on trauma.
- Members of the National Center's **Terrorism and Disaster Branch, TDB**, developed a four-module train-the-trainer PowerPoint curriculum for mental health professionals. These training modules provide information on the state-of-the-art assessment and treatment for traumatized children, adolescents, and their families after disasters. This curriculum includes illustrative clinical vignettes and a self-assessment protocol for evaluating knowledge and skills gained from training. It can be obtained from the NCTSN website. TDB members are collaborating with the **University of Oklahoma's Southwest Center For Public Health Preparedness** to assist the states of **New Mexico, Oklahoma, and Colorado** in providing trainings pertaining to disaster preparedness and mental health for children and families. There are also plans for developing materials for schools, first responders, and primary health care professionals along with innovative training platforms. They are partnering with the **National Center for PTSD** to develop six training vignettes on core skill areas to improve mental health professional standards for working with children after disasters and are collaborating with the **Centers for Disease Control and Prevention** to hold a summit on community resilience.
- **The Trauma Center, Massachusetts Mental Health Institute, Allston, MA**, is developing a field-based training program on child trauma. On-site clinical consultation and didactic training are being provided to community agencies. For example, Trauma Center staff have been placed in three area Department of Social Service agencies to provide consultation on children affected by complex trauma and trainings were provided to staff and clinicians serving high-needs children in rural Maine. Staff also met with the **National Collaborative for Homeless Children and Trauma, Newton Centre, MA**, to establish goals and plans for joint trainings and will be working on developing a training curriculum.
- **Wendt Center for Loss and Healing, Washington, DC**, trained the **DC Metropolitan Police Department Family Liaison Specialist Unit** on how to work with children and families affected by a traumatic death.

DISSEMINATION OF INFORMATION AND PUBLIC AWARENESS

An important goal of the National Child Traumatic Stress Network is to make professionals and the public more aware of the causes and prevalence of child traumatic stress and to inform them of effective treatments that can help children and their families.

I. Web Site Activity

The National Resource Center (NRC) supports the mission of the Network by disseminating relevant, practical information, and resources to professionals and the public. Audiences include the media, policy makers, and all those who serve children as well as survivors of childhood trauma and their families. One of the major vehicles through which the NRC distributes this information is the Network Web site – www.NCTSNet.org.



The number of page views on the Network Web site increased by 35 percent over the past quarter while there were fewer visits to the site made by fewer “individuals” (those using the same IP address). In short, it appears that those who did visit looked at more information on the site than in previous quarters.

Top Ten Downloads

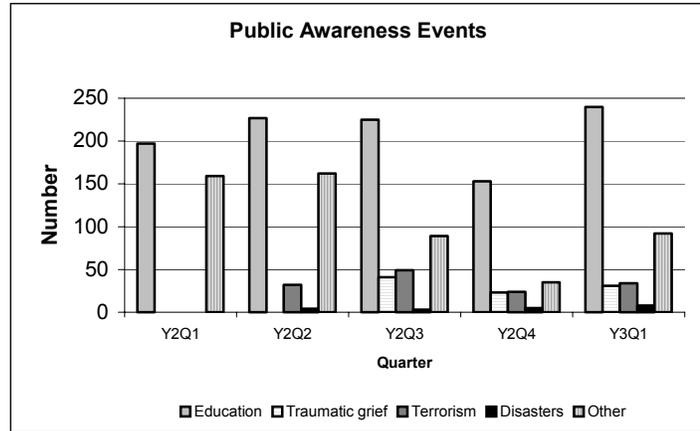
The three most frequently downloaded documents this quarter were tools the National Center’s Terrorism and Disaster Branch and School Crisis and Intervention Unit developed as part of the School and Family Preparedness Initiative. This initiative took place in the weeks surrounding the anniversary of 9/11.

Document	# Times Downloaded
“Check List for School Personnel . . . Crisis and Emergency Plan”*	87
Family preparedness wallet card*	65
“Family Preparedness: Thinking Ahead”*	50
“Trauma Information Pamphlet for Parents”	37
“Reading List: General Child Traumatic Stress”*	27
“The Network News”*	22
“Trauma Information Pamphlet for Teachers”	21
“Reading List: Interventions”*	21
“Reading List: Prevalence and Other Statistics”*	18
“Short- and Long- Term Consequences of Adolescent Victimization”	18

* Network publications

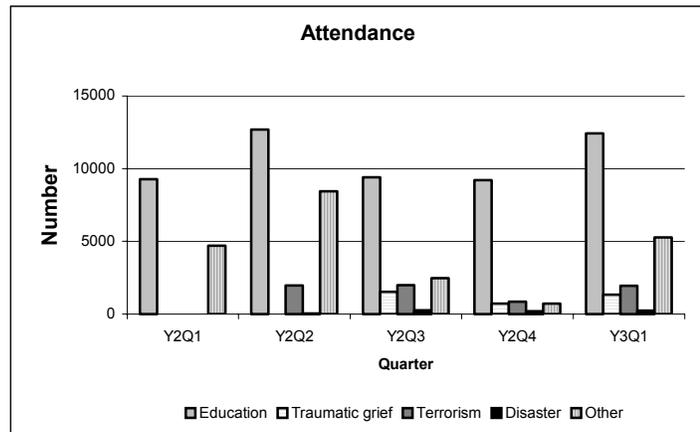
II. Public Awareness Events⁵

A total of 405 public awareness events were reported this quarter, an increase of 68 percent over the past quarter and 13 percent over the same quarter last year. This increase is likely explained by the addition of 17 new centers to the Network and an increase in public awareness events on terrorism and disaster in response to the anniversary of 9/11. Events focused on terrorism increased 35 percent over the previous quarter and those focused on disasters increased 42 percent.



Attendance

Network public awareness events were attended by a total of 21,229 people this quarter; an 81 percent increase over the previous quarter, and a 52 percent increase over the same quarter last year. The most marked increase was in people attending public awareness events on terrorism (130 percent increase over the previous quarter).



Categories of Attendees

The table below provides information about the proportions of centers that reached different categories of individuals with general information about traumatic stress or about different types of traumatic events that impact children and their families. As might be expected, a greater proportion of centers reported activities focused on general education about trauma and traumatic stress. These primarily reached professionals in mental health, schools, health care, child welfare, and the domestic violence field. A smaller proportion of centers were involved in activities providing information about more specialized topics (i.e., terrorism, disasters, and traumatic grief). These events were attended most often by mental health, school, and health care professionals.

	Education			Terrorism/War			Natural/Man-made Disaster			Traumatic Bereavement			Other		
	Y2Q3 %	Y2Q4 %	Y3Q1 %	Y2Q3 %	Y2Q4 %	Y3Q1 %	Y2Q3 %	Y2Q4 %	Y3Q1 %	Y2Q3 %	Y2Q4 %	Y3Q1 %	Y2Q3 %	Y2Q4 %	Y3Q1 %
Mental health professionals	68	57	50	9	24	17	3	8	6	24	24	11	50	27	26
School personnel	49	49	39	4	11	9	3	5	7	5	11	11	13	14	11
Health care professionals	38	35	30	6	5	11	3	3	6	13	22	7	24	24	19
Child welfare workers	49	30	22	3	8	9	3	3	2	3	14	6	16	19	11
Law enforcement/juv. justice	32	22	15	5	0	6	0	0	0	5	5	2	11	14	7
Parent/family	37	16	13	2	5	0	0	5	0	0	11	4	3	5	6
Child care workers	34	22	13	3	5	6	3	0	2	5	11	6	11	11	9
Domestic violence shelter staff	24	24	11	0	0	0	3	0	0	3	3	4	0	11	4
Faith based	21	16	9	1	5	2	0	8	0	0	0	2	13	5	4
Government	16	16	6	3	3	6	0	3	2	3	5	2	11	11	4
Consumers	16	5	6	1	0	0	3	0	0	0	0	0	0	3	0
Fire/emergency	3	5	4	2	0	2	0	3	0	0	0	0	16	0	0
Other	21	16	7	2	3	2	3	11	2	0	8	2	0	3	4

⁵ Y2Q1 N=29 Y2Q2 thru Y2Q4=36 Y3Q1 N=54

III. Outreach Activities

In addition to reaching people with information about traumatic stress through training and public awareness activities, Network centers were also involved with a wide range of individuals and organizations in other ways such as face-to-face meetings with members of key local, state, and national organizations. This quarter, 85 percent of Network centers (a proportion comparable to last quarter) were involved in these types of activities. Outreach activities targeting consumers increased compared to last quarter.

Media Events			
	Y2Q3 No. Events	Y2Q4 No. Events	Y1Q3 No. Events
Local			
Print	27	81	85
Radio	4	20	18
Television	8	49	37
State			
Print	10	4	9
Radio	2	1	2
Television	17	1	7
National			
Print	16	11	13
Radio	4	4	3
Television	4	4	6
TOTAL	92	175	180

Outreach Activities			
System/Organization	Y2Q3 %	Y2Q4 %	Y3Q1 %
Schools	38	59	54
Mental health	35	54	52
Legal system	43	57	50
Child welfare	19	49	44
Health care	68	38	30
Government	16	27	30
Child care	38	35	26
Parent/family	16	32	22
Faith-based groups	24	24	24
Other	38	22	17
Domestic violence shelters	51	19	15
Consumers	24	11	24
Fire/emergency	27	8	7

IV. Media Activity

Forty-four percent of Network centers reported a total of 180 media events this quarter, a comparable number to the previous quarter (but with an additional 17 centers joining the Network). As in the previous quarter, the most common type of media activity was local print media (85 events) followed by local television (37), and radio (18).

V. Progress Increasing Public Awareness

- The NCTSN began its third year of partnership with the **Federation of Families** this quarter with a well-received keynote presentation by the NCCTS Co-director at the Federation’s annual conference. A special issue of the Federation’s “Claiming Children” newsletter was jointly developed, with articles submitted by Network authors as well as Federation members. The newsletter, available in English and Spanish, has been widely disseminated as well.
- President Bush and Secretary of Health and Human Services, Tommy Thompson selected the director of the Mount Sinai Adolescent Health Center, NYC, to chair the **National Advisory Committee on Children and Terrorism**. The committee produced a final report proposing recommendations for the nation’s health system to follow in case of a terrorist attack or disaster. The Department of Health and Human Services is currently working to enact these recommendations.
- **New Mexico Alliance for Children with Traumatic Stress, Santa Fe, NM**, helped sponsor a statewide campaign against domestic violence with a special focus on children who witness violence. Representatives of this and other Network centers also addressed the New Mexico Governor’s newly appointed Children’s Cabinet on the vital importance of addressing child trauma at the state policy level. Cabinet members agreed to collect relative data from their respective agencies.

- Betty Pfefferbaum, Director of the National Center's **Terrorism and Disaster Branch** received the 2003 George Winokur Clinical Research Award for her paper "The Effect of Loss and Trauma on Substance Use Behavior in Individuals Seeking Support after the 1999 Oklahoma City Bombing." The American Academy of Clinical Psychiatrists presents this award annually for the best article published in the previous year in the *Annals of Clinical Psychiatry*.

Selected Publications by National Network Members

- Fairbrother, G., Stuber, J., Galea, S., Fleischman A. R., & Pfefferbaum, B. (2003). Posttraumatic stress reactions in New York City children after the September 11, 2001 terrorist attacks. *Ambulatory Pediatrics*, 3(6), 304-311.
- Osofsky, J. (Ed.) (2003). Prevalence of children's exposure to domestic violence and child maltreatment: Implications for prevention and intervention. *Clinical Child and Family Psychology Review*, 6(4).
- Pfefferbaum, R. L., Brandt, E. N., Patel, H. P., Gurwitch, R. H., Schreiber, M. D., & Pfefferbaum, B. (2003). Psychological issues associated with terrorism: A guide for physicians. *Journal of the Oklahoma State Medical Association*, 96(11), 526-529.
- Pfefferbaum, B., Call, J. A., Doughty, D. E., Traxler, W. T., Pai, M. N., Borrell, G. K., & Stein, B. D. (2003). Impact of injury on posttraumatic stress in survivors seeking counseling after the 1995 bombing in Oklahoma City. *Journal of Trauma Practice*, 2(2), 1-17.
- Task Force on Research Diagnostic Criteria: Infancy and Preschool (2003). Research diagnostic criteria for preschool children: The process and empirical support. *Journal of the American Academy of Child and Adolescent Psychiatry*, 42, 1504-1512.
- Shaw, J. (2003). Children exposed to war/terrorism. *Clinical Child and Family Psychology Review*, 6(4), 237-246.
- Zeanah, C. H. & Smyke, A. T. (2003). Reply: Caretaker bias in the study of young children. *Journal of the American Academy of Child and Adolescent Psychiatry*, 42, 1268.

Selected Presentations

Allegheny General Hospital Center for Child Abuse and Traumatic Loss, Pittsburgh, PA

RCT for sexually abused children with PTSD. American Academy of Child and Adolescent Psychiatry 50th Anniversary meeting, Miami, FL.

Treating childhood traumatic grief. American Academy of Child and Adolescent Psychiatry 50th Anniversary meeting, Miami, FL.

Family, Adolescent, and Child Enhancement Services, Chicago, IL

Remaking the world: Dance/movement therapy with survivors of torture and war. American Dance Therapy Association Conference, Denver, CO.

Institute for Trauma and Stress, NYU Child Study Center, NYC

Pharmacological treatment of traumatized children. American Academy of Child and Adolescent Psychiatry 50th Anniversary meeting, Miami, FL.

International C.H.I.L.D., Center for Multicultural Human Services, Falls Church, VA

Mental health needs of refugee children and their families. National Mental Health Association, Alexandria, VA.

Kansas City Metropolitan Child Traumatic Stress Center, Kansas City, MO

Children and trauma: Preparedness and response. Conference on Children & Trauma Preparedness and Response, Kansas City, MO.

National Children's Advocacy Center, Huntsville, AL

Family advocate: Supporting abused children through the non-offending caregiver. 8th International Conference on Family Violence, San Diego, CA.

Safe Horizon-St. Vincent's Child Trauma Care Initiative, NYC

Disaster mental health services in New York: A review of the 9/11 experiences. American Public Health Association Annual Meeting, San Francisco, CA.

Yale Child Study Center, Childhood Violent Trauma Center, New Haven, CT

Children exposed to domestic violence: Developmental impact and implications for intervention. North Central Connecticut Regional Summit on Domestic Violence and Child Maltreatment, Middletown, CT.

NCCTS OPERATIONS

I. Network Expansion

The National Center implemented a multi-pronged program to integrate a new cohort of centers into the Network. Welcome packets were mailed to each new center, a full-day orientation was organized within weeks of the new grants being announced, and each new grantee was linked with a first or second year cohort “buddy” site. The National Center also began recruiting an additional Network liaison to help support this expanded Network. The following comments speak to perceptions of the National Center’s efforts with respect to integrating new organizations into this dynamic Network:

“There is a strong sense of support and interest with involving everyone, which . . . is important, especially as the Network has grown so much. We all have appreciated the requests for input and efforts to keep everyone apprised of various initiatives within the NCTSN. We appreciate the openness.”

“Members of the network have been very welcoming. Activities of the network have helped us quickly make connections with other centers that share our interests.”

II. NCTSN Steering Committee

The NCTSN Steering Committee revised its charter to include two additional Category III representatives and to more formally delineate the responsibilities of steering committee members to the NCTSN centers they are assigned to represent. New representative assignments were made, and this information was disseminated to the entire Network. An informal breakfast was organized at the All Network meeting to help develop relationships between committee members and other Network centers and to facilitate the exchange of information.

III. All Network Meeting

This year’s All Network meeting drew over 350 attendees, as well as representatives from other national organizations and federal agencies including the National Institute of Mental Health and the Center for Disease Control and Prevention. For the first time a formal workshop proposal process was employed and more than 20 collaborative group meetings took place. A highly successful Networking Fair was organized, providing NCTSN centers with an opportunity to share information about their programs, services, and products. Many of the workshop sessions were videotaped for later distribution and selected sessions were streamed live over the Internet for viewing by Network members and their community partners who were not able to attend. Meeting evaluations were overwhelmingly positive. A representative of one center noted, “We developed a real feeling of the breadth of the Network by seeing what had been done and by learning about the new programs that have joined the Network”.

APPENDIX A NCTSN BACKGROUND

The Network was created through Congressional legislation authorizing the creation of a national network focusing on the needs of traumatized children, and has received continued bipartisan support. Created in 2001, the NCTSN is a unique national program specifically designed to provide a structure where the academic best practices of the clinical research community are blended with the wisdom and skills of front-line community services providers to help children who have experienced trauma. The Network allows leaders in the field of child traumatic stress to work collectively and individually across disciplines and settings to effect sustainable improvements in the quality and availability of services for traumatized children and their families.

The Network was created through a series of cooperative agreements awarded to three categories of organizations by the U.S. Department of Health and Human Services through Substance Abuse and Mental Health Services Administration under the auspices of the Center for Mental Health Services. Centers received their initial funding at four different points in time beginning in September 2001.

Initial Funding for NCTSN Centers					
	Sep 2001	Jul 2002	Sep 2002	Sep 2003	Total
	No. Centers	No. Centers	No. Centers	No. Centers	
Category I	1				1
Category II	5	2	3	5	15
Category III	12	4	10	12	38

Category I Centers – The National Center for Child Traumatic Stress

Designated to lead the NCTSN as the National Center for Child Traumatic Stress, UCLA and Duke University have individually and collectively provided leadership in the developmental understanding of child traumatic stress, pioneered evaluation and treatments of children, families, and communities, and are joining the national effort to transform the mental health system to better serve children, as recommended in the President's New Freedom Mental Health Report.. These two institutions, through their medical schools and departments of psychiatry, jointly provide leadership and support for the day-to-day operations of the Network.

Category II Centers – Intervention Development and Evaluation Programs

By funding the Intervention Development and Evaluation Programs (Category II centers) of the NCTSN, the Center for Mental Health Services is funding the establishment or continuing the efforts of centers that will identify, support, improve, or develop:

- Treatment and service approaches for different types of traumatic events children and adolescents experience;
- Developmentally appropriate trauma evaluation and intervention for children and adolescents of all ages; and
- Assessments and appropriate treatment and services for children and youth service providers in mental health, the juvenile justice system, the refugee service system, the child welfare and protective services system, disability programs, schools, and child care programs.

Category III Centers – Community Treatment and Service Programs

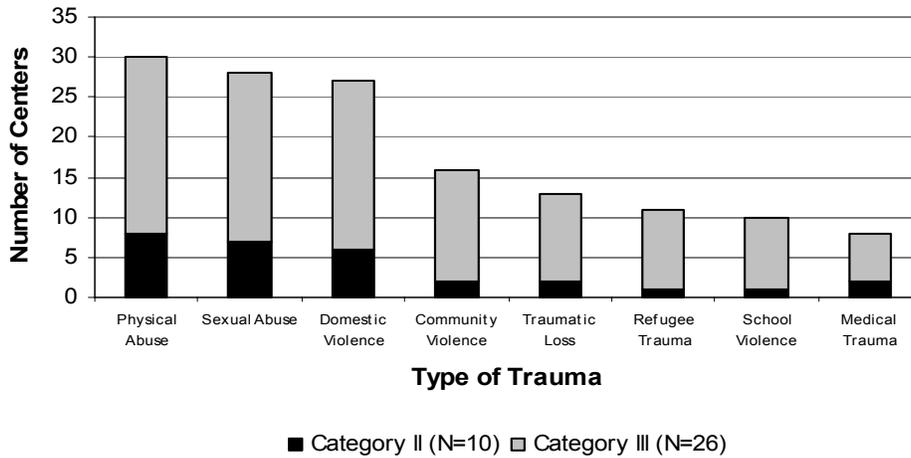
The third category of grantees, Community Treatment and Service Programs, will establish or continue community practice centers where children who have experienced a wide range of traumas and their families receive needed treatment and services. These centers will:

- Implement and evaluate effective treatments and services in community settings;
- Provide expertise on effective practices, service financing, and other service issues; and

- Develop and provide leadership and training on child trauma for service providers in a variety of child service sectors (e.g., school, mental health settings, medical settings, etc).

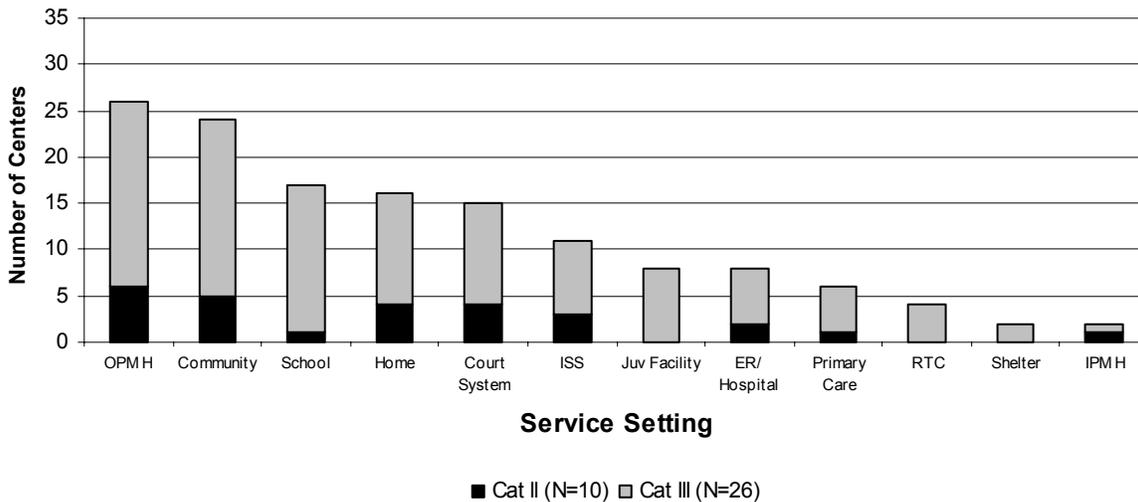
Types of Trauma Treated by NCTSN Centers

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



Service Settings

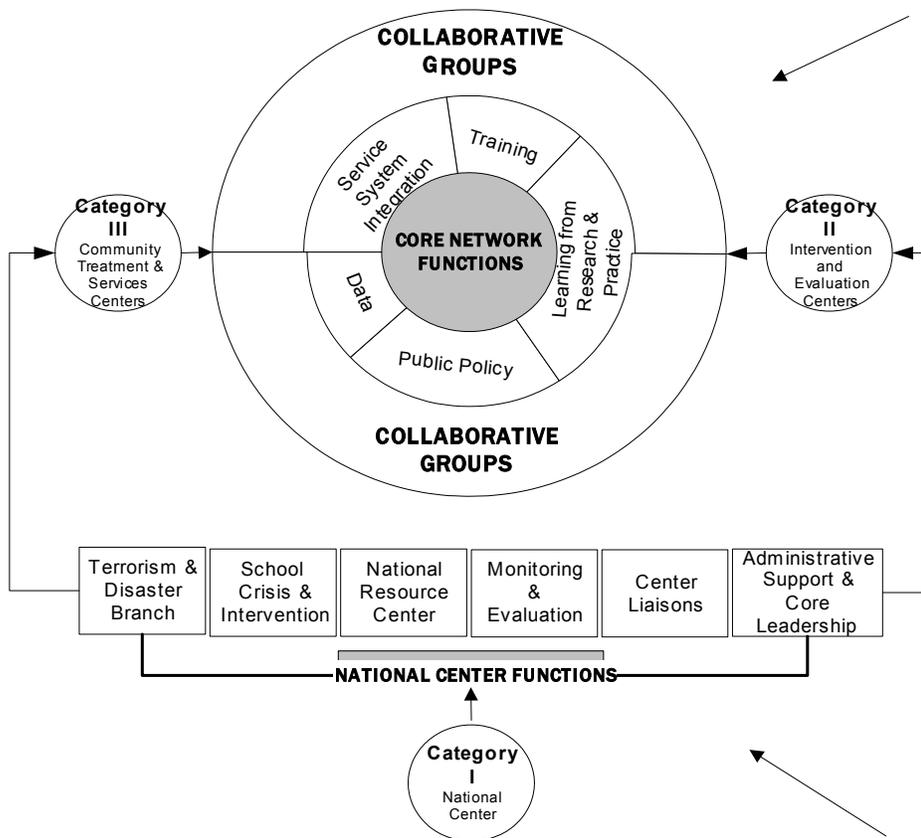
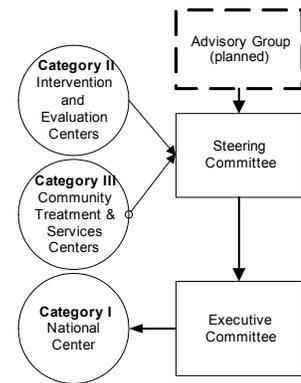
Organizations participating in the NCTSN reach youth and their families in many diverse settings, particularly non-restrictive settings such as outpatient mental health programs and communities, homes, and schools. Children in the court system, juvenile facilities, and medical settings are also served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



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

The Network is led by a steering committee, an advisory board (planned), and an executive committee. Representatives of Category II and Category III centers serve on the steering committee that assists the executive committee in setting and carrying out Network goals. The executive committee, in turn, is made up of staff from the Category I National Center and has responsibility for assuring the day-to-day support of Network operations. This support takes the form of the six National Center functions: Terrorism and Disaster Branch, School Crisis and Intervention Unit, National Resource Center, Monitoring and Evaluation, Center Liaisons, and Administrative Support and Core Leadership. A key purpose of these functions is to support the collaborative work of Network centers. This collaborative work is organized under the five cores of the National Center: Learning from Research and Clinical Practice, Service System Integration, Training, Public Policy, and Learning from Research & Practice. This collaborative work is organized under the five cores of the National Center: Learning from Research and Clinical Practice, Service System Integration, Training, Public Policy, and Learning from Research & Practice.



CORE NETWORK FUNCTIONS

Learning from Research and Clinical Practice

Learn about effective interventions for childhood trauma from research and clinical practice, and disseminate such learning to policymakers, practitioners, and children and families

Training

Develop, support, and provide state-of-the-art, multi-platform, effective training programs that incorporate advances in the development of knowledge, cultural competencies, and ecological frameworks

Service System Integration

Strengthen the ability of child-serving systems to identify and respond to traumatized children and their families with effective, developmentally, and culturally appropriate interventions

Public Policy

To develop and advance a strategic policy agenda for the NCTSN aimed at improving the visibility and understanding of the problem of child traumatic stress, and strengthening the infrastructure, funding, and public will to address it.

Data

To provide oversight and guidance in the design, collection, and analysis of Network data.

NATIONAL CENTER FUNCTIONS

Terrorism and Disaster Branch

Build a national resource to enhance our country's capacity to provide mental health care for traumatized and bereaved children and families after mass casualty events

School Crisis and Intervention Unit

Improve the quality and availability of school-based mental health services and enhance school crisis, terrorism, and disaster recovery plans and services

National Resource Center

Provide relevant, practical information and resources to Network members, other professionals and the public. Act as a repository of information and dissemination center for materials on child traumatic stress.

Monitoring and Evaluation

Provide practical performance measurement and feedback on the progress of the NCTSN toward its goals and objectives

Network Liaisons

Establish, maintain, monitor, and coordinate the collective activities of Network Centers

Administration & Core Leadership

Support the operations of the National Center and of Network collaborative activities

APPENDIX B NCTSN CENTERS

Category I National Center for Child Traumatic Stress (NCCTS)

State	City	Cong. District	Center
CA	Los Angeles	29	National Center for Child Traumatic Stress – UCLA
NC	Durham	4	National Center for Child Traumatic Stress – Duke University

Category II Implementation and Evaluation Centers

State	City	Cong. District	Center
AL	Huntsville	5	National Children's Advocacy Center
CA	San Diego	49	Chadwick Center for Children and Families Trauma Counseling Program
CA	S. Francisco	8	Early Trauma Treatment Network
CT	New Haven	3	Childhood Violent Trauma Center
ID	Pocatello	2	Center for Rural, Frontier, and Tribal Child Traumatic Stress Intervention
MA	Boston	8	Boston University, Adolescent Traumatic Stress & Substance Abuse Treatment
MA	Boston	9	Center for Medical and Refugee Trauma, Boston University Medical Center
MA	Newton Centre	4	National Collaborative for Homeless Children and Trauma
NY	New York	14	The Institute for Trauma and Stress, NYU Child Study Center
NY	Manhasset	5	North Shore Univ. Hosp. Adolescent Trauma Treatment Development Center
OH	Cincinnati	1	Trauma Treatment Replication Center
OK	Oklahoma City	5	Indian Country Child Trauma Center
PA	Pittsburgh	14	Allegheny General Hospital Center for Traumatic Stress in Children & Adolescents
PA	Philadelphia	2	Center for Pediatric Traumatic Stress
SC	Charleston	1	Medical University of South Carolina, Crime Victims Center

Category III Implementation and Evaluation Centers

State	City	Cong. District	Center
CA	Long Beach	37	Miller Children's Abuse and Violence Intervention Center
CA	Los Angeles	30	Children's Institute International, Central L.A. Child Trauma Treatment Center
CA	Los Angeles	24	Los Angeles Unified School District
CO	Aurora	6	Aurora Mental Health Center
CO	Denver	1	Mental Health Corporation of Denver's Family Trauma Treatment Program
DC	Washington	DC	La Clinica del Pueblo, Inc.
DC	Washington	DC	Wendt Center for Loss and Healing
FL	Clearwater	9	Healing the Hurt, Directions for Mental Health, Inc.
GA	Albany	2&8	Open Arms, Inc.
IL	Chicago	9	Family, Adolescent, & Child Enhancement Services (FACES)
LA	New Orleans	2	Louisiana Rural Trauma Services Center
MA	Allston	8	The Trauma Center, Massachusetts Mental Health Institute
MD	Baltimore	7	Kennedy Krieger Family Center Trauma Intervention Program
ME	Augusta	1	Mid-Maine Child Trauma Network
MI	Kalamazoo	6	Southwest Michigan Children's Trauma Assessment Center
MO	Kansas City	5	Kansas City Metropolitan Child Traumatic Stress Center
MO	St. Louis	1	The Greater St. Louis Child Traumatic Stress Program
MS	Jackson	4	Mississippi Child Trauma Therapeutic Services Center
MT	Missoula	1	The Division of Educational Research and Service
NC	Durham	4	Center for Child and Family Health
NJ	Stratford	1	University of New Jersey Center for Children's Support
NM	Santa Fe	3	New Mexico Alliance for Children with Traumatic Stress
NY	Albany	21	Parson's Child and Family Center
NY	New York	8	Safe Horizon-Saint Vincent's Child Trauma Care Initiative
NY	New York	14	Jewish Board of Family & Children's Services, Center for Trauma Program Innovation
NY	New York	14	Mount Sinai Adolescent Health Center
NY	Valhalla	18	Children's Trauma Consortium of Westchester

Category III Implementation and Evaluation Centers (continued)

State	City	Cong. District	Center
OH	Cleveland	10	The Children Who Witness Violence Program
OH	Toledo	9	Cullen Center for Children, Adolescents, and Families
OK	Tulsa	1	Oklahoma Community Treatment & Service Center
OR	Portland	1	Intercultural Child Traumatic Stress Center of Oregon
PA	Philadelphia	2	Children's Crisis Treatment Center, Project Tamaa
TN	Nashville	5	Childhood Trauma Intervention Center
TX	Houston	18	De Pelchin Children's Center Child Traumatic Stress Program
UT	Salt Lake	2	Intermountain West Primary Children's Medical Center Safe & Healthy Families
VA	Falls Church	8	International C.H.I.L.D., Center for Multicultural Human Services (CMHS)
WA	Seattle	7	Harborview Center for Sexual Assault and Traumatic Stress
WI	Madison	2	Mental Health Services of Dane County, Inc., Adolescent Trauma Treatment Project

APPENDIX C

COLLABORATIVE PROJECTS AND PRODUCTS

Needs Assessment

Collaborative Group	Project	Stage of Completion
Adolescent Network	Map of the field of adolescent trauma (survey of mental health and primary care services so that trauma focused assessments and interventions can be developed and implemented.	2
Complex Trauma Task Force	Survey of complex trauma among youth treated by Network clinicians	3
Family Interventions Working Group	Survey of family interventions used by Network centers	3
Forensic Medical Exam Working Group	Survey of 100 forensic medical exam providers	2
Kauffman Best Practices Project	Survey NCTSN experts to identify barriers to disseminating TF-CBT for sexual abuse, PCI, and Abuse-focused CBT for physical abuse – developing interview schedule	1
Measures Committee	Survey of centers' needs for assessment tools	2
Medical Trauma Working Group	Evaluate available assessment tools and measures and determine which are appropriate for medical settings	2
Policy Committee	Survey of Network centers to determine policy concerns	2
	Survey of groups external to the Network to determine policy concerns	1
Refugee Trauma Task Force	Survey of Network centers treating refugees	3
Residential Treatment Working Group	National survey of residential treatment centers, their present level of trauma-informed assessments and treatment, scope of practice, demographics, etc. in order to inform the field and make recommendations for change	1
Service System Integration Working Group	SIG survey summary – data analysis completed	3
	National survey regarding systems integration in treating children traumatized by crime related activities, best practices, and what parts of the system work well and/or poorly.	2
Sexual Abuse Task Force	Survey 250 NCTSN therapists about knowledge of and attitudes toward manualized, evidence-based treatments – data analysis completed	3
	Focus groups at Centers participating in Sexual Abuse Task Force – data analysis completed	3
Training Committee	Inventory training materials used by centers – data analysis completed	3
	Survey of centers' training needs – data analysis completed	3
Traumatic Grief Task Force	Study of epidemiology/comorbidity of traumatic grief	3

1= Planned 2= In progress 3=Data collection completed

Review of the Field

Collaborative Group	Project	Stage of Completion
Adolescent Network	Research the effectiveness of mentors who work with traumatized adolescents	1
Kauffman Best Practices Project	Establish expert consensus on evidence-based trauma treatments	3
Learning from Research and Clinical Practice Advisory Group	Meta-analysis of research on effectiveness of trauma interventions	2
	Identify common elements across multiple treatments for trauma	2
Measures Committee	Review measures of traumatic stress and related phenomena	2
Residential Treatment Working Group	Review literature on residential care models	2
School Intervention Working Group	Identify critical components of a school-based program	2
Service System Integration Working Group	Review literature on best practices of service system agencies with respect to reducing secondary trauma and facilitating health of children.	3

1= Planned 2= In progress 3=Completed

Products

Collaborative Group	Product	Code	Stage of
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Network Performance October-December 2003
National Child Traumatic Stress Network
www.NCTSN.org

			Completion
Adapted Treatment Standards for Children with Disabilities Working Group	Information sheets on trauma among children who are developmentally disabled and methods for adapting treatment	BIM	3
	Information sheets on trauma among children who are deaf and methods for adapting treatment	BIM	2
American Indian Working Group	Information package on trauma resources	BIM	2
	Medicine wheel for healing trauma	PGL/M	2
Complex Trauma Task Force	Comic book or children's book on trauma	BK	2
	White paper on clinical issues relating to complex trauma	WP	3
	Curriculum for training on complex training	TM	1
	Policy brief on issues relating to complex trauma	WP	2
Juvenile Justice Task Force	Clinical case book	TM	2
	Compendium of readings on juvenile justice and trauma	RL	3
	Fact sheets on prevalence of trauma among youth in jj system	BIM	3
	Reference sheets on assessments, interventions, and various other topics affecting traumatized youth in jj system	BIM	3
Medical Trauma Working Group	Guidelines for delinquency courts working with traumatized youth	PGL/M	2
	White paper on medical traumatic stress	WP	2
	White paper on crisis intervention and treatment of medical trauma	WP	2
	Clinical pathway for assessing and treating medical traumatic stress	PGL/M	2
Policy Committee	Curriculum for training medical and mental health professionals on assessment and treatment of medical trauma includes developing list of competencies, materials and methods chart, focus groups on information/learning needs and preferred learning methods	TM	2
	Policy brief on President's New Freedom Commission	WP	2
Refugee Trauma Task Force	White paper I on refugee trauma ("Refugee Children's Mental Health")	WP	3
	White paper II "Refugee Mental Health Interventions"	WP	2
School Intervention Working Group	9/11 anniversary products in conjunction with TDB and School Crisis and Intervention Unit	BIM	3
	Crisis response educational materials	TM	3
	Guideline recommendations for model programs that focus on child trauma and the interaction of systems	PGL/M	2
Sexual Abuse Task Force	Training manual on trauma focused-CBT	TM	3
	Video taped trainings (2) on trauma-focused CBT	TM	3
Traumatic Grief Task Force	Information sheets on traumatic grief	BIM	3
	Guidelines for treatment of traumatic grief in pre-schoolers	PGL/M	3
	Manuals on the treatment of traumatic grief in school-aged children and adolescents	PGL/M	3
	Video taped trainings on traumatic grief	TM	3
	Book for children on traumatic grief	BK	2

1= Planned 2= In progress 3=Completed

BIM= Brief information materials; BK=Book; PGL/M= Practice guidelines or manual; RL=Reading list; TM=Training materials; WP= White paper