NCTSN The National Child Traumatic Stress Network

Network Performance

July-September 2004

This project was funded by the Substance Abuse and Mental Health Services Administration, US Department of Health and Human Services

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This project was funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), US Department of Health and Human Services (HHS). The views, policies, and opinions expressed are those of the authors and do not necessarily reflect those of SAMHSA or HHS.

Executive Summary

Summary of Accomplishments

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 goal of the NCTSN is to bring 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 (July through September 2004) include:

- **Providing direct clinical services to 12,695 children** who were traumatized by physical abuse, sexual abuse, domestic violence, community violence, traumatic loss, refugee experiences, school violence or medical problems. Additionally, 29,028 students were screened for exposure to trauma.

- **Training 11,683 mental health professionals, teachers, primary care providers, and other professionals** about the treatment and/or assessment of child traumatic stress.

- **Educating 17,269 people** 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.

- **Sustaining 31 collaborative groups** that are currently working on **over 100 projects** addressing child traumatic stress.

CLINICAL AND BEHAVIORAL OUTCOMES

The effort continues to train Network staff 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, known as the Core Data Set, is an essential Network-wide mechanism for learning about the children and families being served by the Network, the range of traumas these children have experienced, the types of treatments they are receiving, and the success of those treatments.

Central to the Core Data Set is an electronic data capture system, INFORM, that Network centers are beginning to use to collect and submit data via the Internet. Substantial progress has been made toward putting INFORM into use. Twenty-eight centers have been trained on its use and five others are scheduled to complete training by the end of next quarter. The first data were entered into the system this quarter by three centers. Seven additional centers are poised to begin data entry next quarter. In addition to preparing centers to use INFORM, protocols are being developed for transferring data from ten centers that have their own electronic data capture systems.

DEVELOPMENT AND ADOPTION OF ASSESSMENTS AND TREATMENTS

There continue to be a wide range of projects to develop and test assessments and interventions within the Network. 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.

Assessments

Assessment instruments supply information that service providers need for planning treatment for individual children and their families and for evaluating the outcomes of care. This section reports progress on projects that are underway to (1) develop and test assessment instruments, and (2) use assessment tools to improve treatment. Examples follow:

Selected Examples of Instrument Development

A **4-item screening instrument for traumatic stress** to be used by primary care physicians has been created and is being evaluated by the Center for Medical and Refugee Trauma at Boston University Medical Center.

Building on previous research, completed in conjunction with John Briere and MCAVIC on the reliability and validity of the Trauma Symptom Checklist for Young Children (TSCYC), several studies by the Children's Hospital and Health Center in San Diego are emerging. One study is entitled **Standardization of the Trauma Symptom Checklist for Young Children (TSCYC): A National Child Traumatic Network Three-Site Study**. Another study will explore Characteristics of PTSD and Trauma-Related Symptoms in Abused Children as measured by the UCLA PTSD Index and the TSCYC.

After pilot-testing in July, the Children's Hospital of Philadelphia began its study of a **screening measure for risk of posttraumatic stress in children admitted to the Pediatric Intensive Care Unit** and their families. As of November 1, 2004, a total of 38 families have been studied. The project examines which measure items and domains, administered soon after the traumatic event, potentially predict later development of posttraumatic stress in children age 8-17, and their parents, in the critical care setting. Because of the need for adoption in the medical setting, the measure is designed to be self-administered.

The Children's Therapy/Support Group Facilitators revised and pilot-tested Project Tamaa's **Child Screening Form (CSF), Elementary School Version** in Philadelphia, PA.

At Catholic Charities, Jackson, MS, work has begun on the validation process of the **LAVA© (Life Assets and Values Assessment)** with traumatized youth. During this past year, the process of administering 200 LAVA packets to youth in this community began. The packets include the preliminary LAVA©, the California Healthy Kids Survey, the Behavioral Emotional Ratings Scale (BERS), and the Trauma Symptoms Checklist for Children (TSCC).

Selected Examples of Adoption of Instruments and other Assessment Tools

In order to evaluate the use of assessment measures within the Chadwick Center and, to aid the development of the **Assessment Based Treatment for Traumatized Children manual**, the center engaged a separate entity, Child and Adolescent Services Research Center (CASRC), to evaluate the current uses of assessment measures by therapists. CASRC completed two surveys: a qualitative survey searching for themes concerning the benefits and problems with

using assessment measures within the Chadwick Center, and a quantitative survey that was emerged from the findings of the qualitative study.

North Shore has completed work on **Structured Interview for Disorders of Extreme Stress (SIDES-A)** to increase readability, make the instrument more user friendly, to clarify scoring and to create clearer rules/guidelines for scoring to improve scoring reliability. They also completed an Administration Manual for the SIDES-A

Treatments

There are a number of steps involved in developing and testing treatment interventions. These include designing an intervention for a particular need or problem based on the best information available about 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, testing the feasibility of implementing the practice in real-world settings, devising measures to tell if the intervention is being used as intended, and evaluating the effectiveness of the intervention. The following are examples of the progress being made in this domain:

Selected Examples of Development, Adoption, and Adaptation of Treatments

Allegheny General Hospital Center for Child Abuse and Traumatic Loss, Pittsburgh, PA, completed and published a pilot **study of child traumatic grief**. They demonstrated preliminary efficacy of the CTG treatment model, significant improvement in CTG, PTSD, depressive anxiety and behavioral problems in children and in PTSD and depressive symptoms in participating parents.

Center for Medical and Refugee Trauma, Boston University Medical Center, Boston, MA, completed two **manuals for Trauma System Therapy**, one for refugee trauma and one for medical trauma.

North Shore University Hospital Adolescent Trauma Treatment Development Center, Manhasset, NY, continues to develop **SPARCS: Structured Psychotherapy for Adolescents Responding to Chronic Stress**, a manualized group intervention for adolescents living with chronic trauma. They have integrated the different versions of the manual into one universal version that will be piloted by Category III sites.

Idaho State University, Pocatello, ID, has developed a template to catalogue key information (e.g. target population, typical duration, nature of supporting evidence) about child traumatic stress interventions. This **catalogue of interventions** will facilitate access by researchers and clinicians allowing rural clinicians, for example, to quickly and efficiently identify possible interventions that may be beneficial for their clients.

The Intercept Center at Aurora Mental Health Center, Aurora, CO has adapted and implemented a program of **Dialectical Behavior Therapy for developmentally disabled children**. This program is being implemented in the day treatment program. Portions of the program are also being implemented with children receiving outpatient group and individual therapy. All three components of the Linehan DBT model are being implemented with day treatment clients: Skills training groups, DBT focused individual therapy for each client and a DBT focused consultation group for all staff working with day treatment clients.

Chicago Health Outreach, Inc., Chicago, IL has developed a **video documentary** that focuses on International FACES' **community-based treatment model** for working with refugees. The video describes a collective treatment model that supports international populations whose identities are rooted in their sense of community, rather than in the individual self. The development of this collective treatment model is explored.

Children's Institute International, Central L.A. Child Trauma Treatment Center, Los Angeles, CA, revised a manual, obtained introduction materials, completed a collection of group activities and finalized an implementation plan for **Adolescent Group Treatment Model** to integrate into DV treatment in collaboration with North Shore University Hospital. Completed adaptation of manual for use with culturally diverse, inner city population.

Jewish Board of Family and Children's Services New York, NY has expanded **Sanctuary®** (an intensive milieu-based treatment model for individuals with a trauma history that involves the active creation and maintenance of a nonviolent, democratic, therapeutic community) into the school units of three residential treatment programs. Sanctuary® facilitators trained 200 school employees including a core team of school staff (administrators, teachers, etc.) that was responsible for the implementation.

New Mexico Alliance for Children with Traumatic Stress, Santa Fe, NM is **modifying Cognitive Behavioral Intervention for Trauma in Schools (CBITS)** protocol in the To'Hajiilee, Navajo Chapter, for expansion of pilot programs at Acoma and Laguna High Schools. Results of year one efforts have resulted in modified CBITS protocol to be tested in two more sites. Final adaptation results to be released in Spring 05.

Staff of the Safe Horizon-Saint Vincent's Child Trauma Care Continuum, New York, NY are currently piloting the **"Enhancing Resiliency" group model**, as developed by North Shore University Hospital (Category II site). Group model currently being piloted in two Safe Horizon Safe Harbors: a school in the South Bronx and one in a school overlooking Ground Zero in lower Manhattan.

University of Missouri- St. Louis in Missouri launched their **school-based group therapy program** for students affected by violent experiences (SAVE) in January. They are now piloting it in a second high school and plan to expand it to multiple groups by training school social workers and graduate student therapists to take on the role as co-facilitators.

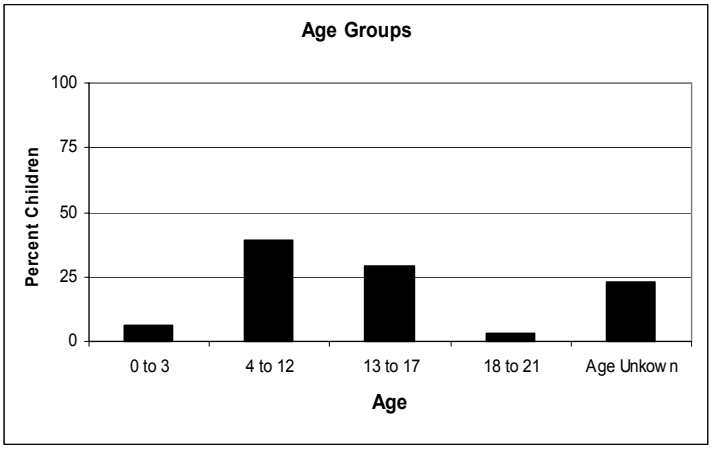
Parsons Child and Family Center is working to complete a research study that tests the effectiveness of an **expressive arts/narrative based approach** for traumatized children called Real Life Heroes. Twenty-four interviews were completed during this reporting period: 13 baseline and 11 four-month follow-up interviews. Information is also being collected from clinicians in the form of session process checklists, completed after each Real Life Heroes session, chapter checklists, completed following each Real Life Heroes chapter, and periodic clinician ratings of client-clinician working alliance, completed at 4 and 8 months.

AVAILABILTY OF AND ACCESS TO SERVICES

This section reports progress towards improving the availability and accessibility of trauma-informed services for youth and their families. Information is provided about the number of children served by Network centers, the types of services they receive, and factors potentially affecting the capacity of centers to provide services. Another closely related area of activities are those that increase the number of service providers who have been trained in trauma concepts. These latter activities are reported in the "Training" section of this report and also under "Development and Adoption of Assessments and Interventions".

Services Provided by Network Centers

Characteristics of Children Served. Thirty-nine percent of children served by Network centers in the past quarter were ages 4 through 12, approximately 29 percent were teens age 13 to 17 (age was reported as unknown for 25 percent of the children).

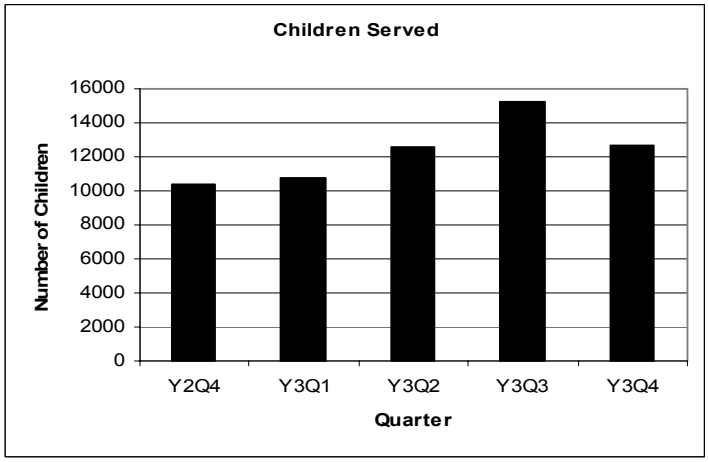


Of the children and adolescents served by the Network, 40 percent were female, 37 percent were male (23 percent were reported as being of unknown gender).

With respect to ethnicity, approximately 20 percent were reported as being Hispanic, 45 percent were reported as non-Hispanic (no information is available on the remaining 35 percent).

Within categories of race, approximately 30 percent of those served were white, 24 percent were African American (39 percent were reported as being of unknown race). The remainder is distributed over other racial groups.

Direct Clinical Services.[1] Network centers reported providing clinical services such as individual and group therapy, evaluation, crisis response, and so forth to 12,695 children this quarter[2]. This is approximately 16 percent less than in the previous quarter (15,226), but 22 percent more than one year ago (10,362).



In addition to the 12,695 children receiving direct services, another 26,028 were screened in the Los Angeles Unified School District, bringing the number of students screened by LAUSD over the last two quarters to 53,764. (In order to capture this type of screening activity with greater consistency, the Service Utilization Form was revised and centers will be asked to provide information on screening beginning in Q2Y4.)

Another note about these data: the drop seen this quarter relative to the previous quarter can be largely explained by the activities of a single center. In the previous quarter, the

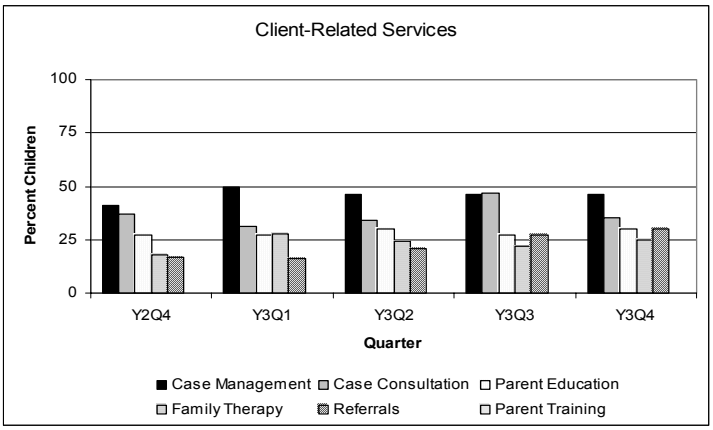
[1] Y2Q2/Q3 =31 Y2Q4=34 Y3Q1=43 Y3Q2/Q3 =48 centers

[2] 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.

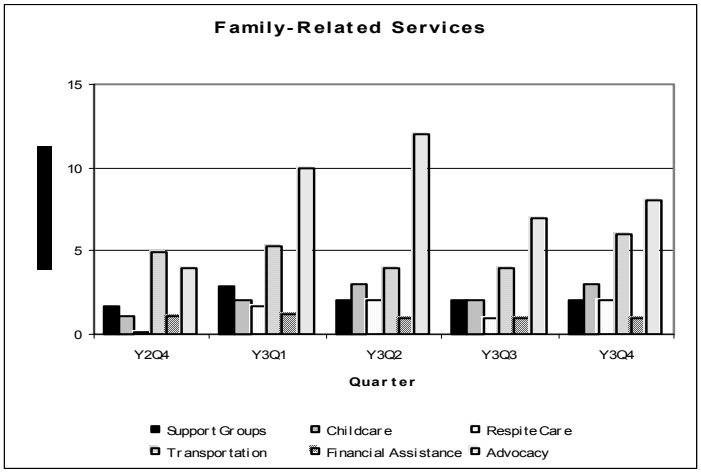
Trauma Center, Allston, MA, was involved in a large scale response to multiple suicides occurring in a Department of Youth Services facility. This was a driving factor in the spike seen in Q3Y3. Without that spike, the number of children served would have been relatively consistent over the last several quarters.

Client-Related Services. In addition to direct clinical services, children, and/or their parents, served by Network centers also receive case management, parent education, parent training, case consultation, family therapy, and referrals. Fairly consistently, approximately one-third to one-half of the Network centers report providing these services. Parent education, case consultation, and referrals continue to be the services most frequently offered by the largest number of centers (not shown).

As in previous quarters, approximately one-quarter to one-half of the children served by Network centers received client-related services. The services provided to the largest number of children continue to be case management followed by case consultation.



Family-Related Services. These services are not treatment per se, but services that may enable families to participate in treatment or cope effectively with problems their children are experiencing. This quarter (not shown), for the second quarter in a row, there was a decrease in the proportion of centers reporting they provided advocacy services. The largest increase (albeit a very small one) in terms of the percent of children served was in transportation services.



Selected Examples of Improving the Availability of Services

Network centers are working closely with agencies in their communities to make certain that children who need trauma-related services have access to them. This may involve Network centers providing onsite mental health professionals or establishing systems for assuring that children in need of services are identified and referred to Network centers. Examples, of these types of activities include:

- Staff of the University of Medicine and Dentistry of New Jersey-School of Osteopathic Medicine have been working closely with the New Jersey Division of Youth and Family Services (DYFS) to address **system issues that enhance the delivery of TF-CBT to children who have suffered maltreatment.** Specifically, this includes educating DYFS workers about the benefits of TF-CBT, improving the referral process, and increasing collaborative efforts between the Institute's staff and DYFS personnel in meeting the needs of traumatized children.

- The Trauma Intervention Center for Children & Adolescents (TICCA) has been able to **physically locate a Child Trauma Therapist at the Metropolitan Nashville Police Department** to respond to children on the scene and/or respond to children who accompany a caregiver to the Domestic Violence Division regarding DV events and provide free extended mental health services.

- Following two suicides at a Department of Youth Services (24 hour secure residential facilities for youth remanded to state custody as pre-trial detainee) the Trauma Center, Massachusetts Mental Health Institute was asked for help to prevent a possible suicide contagion. The first step was **an acute intervention** with those individuals with different degrees of familiarity with the two deceased. Efforts then turned to more long term prevention measures including systemic changes, and added therapeutic services. A ten-week coping skills group was piloted for the adolescent females in one residential unit.

- Towards the goal of creating a network of providers in Santa Fe **to improve services to traumatized children**, providers in Santa Fe convened by NewMACTS have agreed to create a children's mental health services outreach position in the county. The person in that position will work to raise community awareness regarding child trauma and oversee unification of screening and assessment tools among agencies and track placement of traumatized children in Santa Fe.

- Mental Health Corporation of Denver (MHCD) has begun to partner more closely with the Denver Public Schools (DPS) crisis intervention teams. MHCD school-based **clinicians have become a part of the 5 Denver Public Schools (DPS) Crisis Intervention teams** and have been trained along with DPS staff in various evidence based practices for immediate response as well as longer-term treatment of traumatic stress.

- The National Center on Family Homelessness **provides clinical services to mothers and children in homeless shelters**. These include the implementation of dyadic treatment for mothers and preschoolers and providing individual trauma specific therapy for children, both at Second Step.

Changes in Capacity to Provide Services

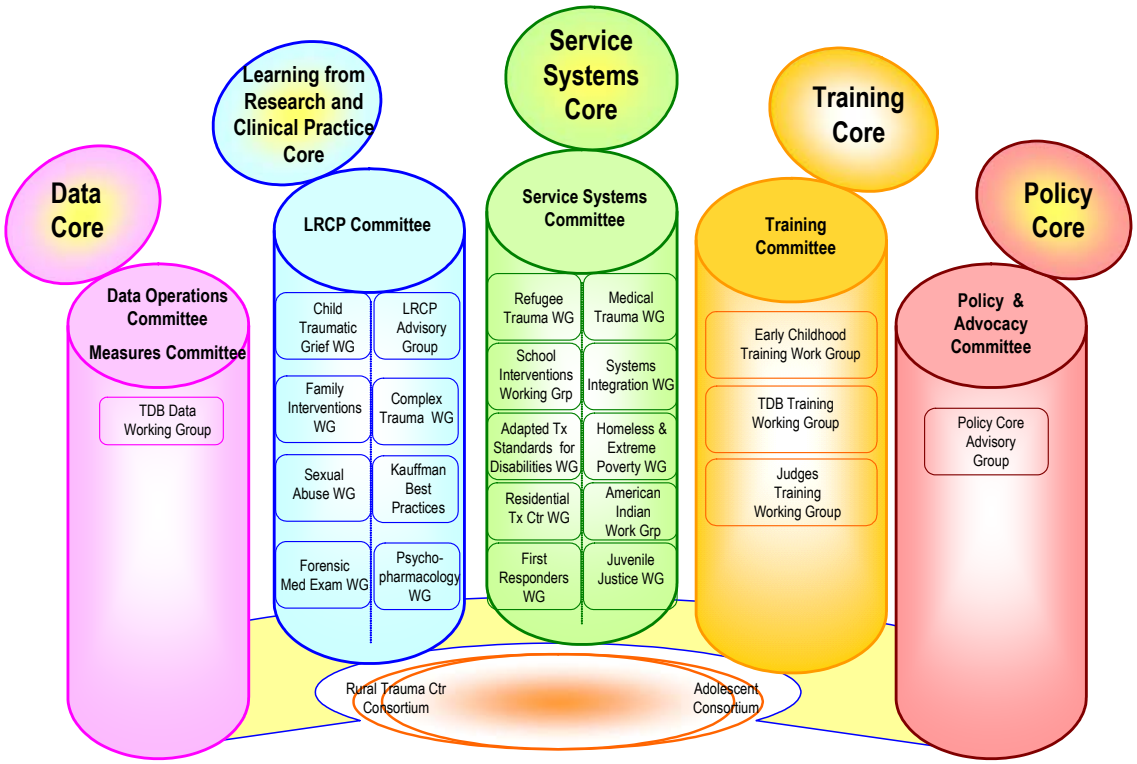
Each quarter centers are asked to report fluctuations in resources, in particular changes in funding or reimbursement levels for services not funded by SAMHSA, the number of staff providing services, the availability of transportation for clients, and the amount of space available for providing services. As shown in the table below, 37 percent of all Network centers reported a change in staffing in the current quarter; 21 percent reported an increase, and 16 percent reported a decrease.

Resource	**Large Decrease**	Moderate Decrease	Small Decrease	Unchanged	Small Increase	Moderate Increase	**Large Increase**
	% Centers	% Centers	%Centers	% Centers	%Centers	%Centers	%Centers
Satellite facilities	2	0	0	94	2	2	0
Client transportation	0	0	0	96	4	0	0
Funding	0	8	6	82	0	2	2
Space	2	2	6	82	4	4	0
Staffing	0	6	10	63	17	4	0

COLLABORATIVE GROUP ACTIVITIES AND ACCOMPLISHMENTS

The President's New Freedom Mental Health Commission Report stresses that the mental health system must rely on greater collaboration and integration to ensure more effective and efficient delivery of services. Collaboration is a quintessential part of the Network. The collaborative groups that have been established within the Network provide a vital mechanism for NCTSN members to 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 level of care and the availability of services for traumatized youth and their families. During the current reporting period, July through September, 2004, 31 formal collaborative groups were operating within the Network (see below).

Functional Cores and Associated Collaborative Groups



(as of 7/14/04)

Collaborative Group Characteristics

Group Size. A total of 300 people from 54 Network centers were active in Network collaborative groups this quarter; one center reported no involvement in these groups. Membership for each group is shown in the table to the right. Note that the number of participants shown in the table totals more than 300 because some participants were members of multiple groups.

Average group membership is approximately 18, but there is considerable variation. The largest groups are ones that address broad issues that cut across centers. The smallest groups are those with a more specialized focus.

Group Size

Group	No. Members	Group	No. Members	Group	No. Members
SSIWG	32	FRWG	21	FMEWG	13
PPC	31	RC	20	PWG	13
TC	31	RTCWG	19	JJWG	13
CTWG	25	MC	18	ATSWG	13
AC	24	LRCPC	18	ECTWG	12
TGWG	24	MTWG	17	FIWG	12
SSIC	23	RTWG	16	JTWG	7
DOC	23	EPHWG	16	KWG	7
DC	23	SAWG	15	PCAG	7
LRPCAG	23	AIWG	15	TDB grps	
SCIWG	22				

Center Participation

Group	No. Centers	Group	No. Centers	Group	No. Centers
PPC	24	SAWG	11	JJWG	8
TC	24	LRCPAG	11	ATSWG	7
SSIWG	21	TGWG	11	ECTWG	7
CTWG	17	RC	10	MTWG	6
SSIC	14	RTWG	10	JTWG	6
FRWG	14	FMEWG	9	AIWG	6
SCIWG	13	EPHWG	9	PWG	6
LRCPC	13	FIWG	9	KWG	3
AC	13	RTCWG	8	PCAG	2
DC	12	DOC	8	TDB Grps	
MC	11				

Center Participation. The Network's success in bringing together professionals across organizational boundaries can be seen in the number of different centers involved in the various Network collaborative groups. In more than half of all Network collaborative groups, 10 or more different centers have come together to plan and carry out projects to improve services for traumatized youth. Groups with a relatively specialized focus or time-limited goal are less diverse, but still demonstrate collaboration among multiple Network centers.

ABBRIEVIATIONS

AIWG	American Indian Working Group
AC	Adolescent Consortium
ATSDWG	Adapted Treatment Standards for Children with Disabilities Working Group
CTWG	Complex Trauma Working Group
DOC	Data Operations Committee
DC	Data Core
ECTWG	Early Childhood Training Working Group
EPHWG	Extreme Poverty & Homelessness Working Group
FRWG	First Responders Working Group
FMEWG	Forensic Medical Exams Working Group
FIWG	Family Interventions Working Group
JJWG	Juvenile Justice Working Group
JTWG	Judges Training Working Group
KWG	Kauffman Best Practices Project Working Group
LRCPC	Learning from Research & Clinical Practice Committee
LRCPCAG	Learning for Research & Clinical Practice Advisory Group
MC	Measures Committee
MTWG	Medical Trauma Working Group
PCAG	Policy Core Advisory Group
PPC	Policy & Advocacy Committee
PWG	Psychopharmacology Working Group
RTCWG	Residential Treatment Center Working Group
RTWG	Refugee Trauma Working Group
RC	Rural Consortium
SAWG	Sexual Abuse Working Group
SCIWG	School Interventions Working Group
SSIC	Service Systems Integration Committee
SSIWG	Service Systems Integration Working Group
TC	Training Committee
TDB grps	Terrorism and Disaster Branch Data Working Group
TGWG	Traumatic Grief Working Group

Participation by Center Category. One of the Network's goals is to provide an environment that enables researchers and practitioners to combine their respective knowledge and skills to make effective services available to traumatized youth and their families. An indicator of whether or not such an environment exists is the mix of Category II Intervention Development and Evaluation Centers and Category III Community Treatment and Services Centers within collaborative groups.

As the table to the right shows, each of the three categories of centers is represented in all but one of the 30 existing (non-TDB) collaborative groups. The Policy Committee Advisory Group (PCAG) is made up of representatives from the National Center (Category I) and SAMHSA, but no Category II or III organization reported participating in this group this quarter.

Participants by Center Category			
Group	% CAT I N=1	% CAT II N=15	% CAT III N=38
AC	29	42	29
AIWG	27	33	40
ATSDWG	15	8	77
CTWG	4	20	76
DC	46	4	48
DOC	57	17	26
ECTWG	25	33	42
EPHWG	6	31	63
FIWG	8	17	75
FMEWG	27	18	55
FRWG	38	29	33
JJWG	23	8	63
JTWG	29	29	42
KWG	43	43	14
LRCPC	11	44	45
LRCPCAG	30	13	57
MC	33	23	44
MTWG	41	47	12
PCAG	71	0	0
PPC	3	39	58
PWG	38	31	31
RC	20	30	50
RTCWG	21	5	74
RTWG	6	31	63
SAWG	13	34	53
SCIWG	14	14	73
SSIC	60	10	30
SSIWG	19	25	56
TC	13	42	45
TGWG	46	8	46

Collaborative Projects

Accelerated Project Development. The National Center, with input from the NCTSN Steering Committee and SAMHSA, identified seven Network projects to receive supplemental support in the current program year (October 2003 through September 2004) to accelerate their development. At year end, most projects are either being reviewed for final editing or completed.

Progress. As of the end of the fourth quarter, the Network's collaborative groups were involved in a total of 122 projects (excluding the 7 collaborative projects). Half of these (60 projects) focused on developing materials for use in educating or training the public and professionals. The remaining projects focused on assessing the current state of knowledge in a group's area of concern (13 percent), establishing specifics about the needs or problems to be addressed by the group (19 percent), or other projects related to the group goals (19 percent) including developing interventions and training people to use them.

Focus of Activities	Collaborative Projects No. (%) N=122
Education and Training Products	60 (50)
Other	23 (19)
Needs Assessment	23(19)
Review of the Field	16 (13)

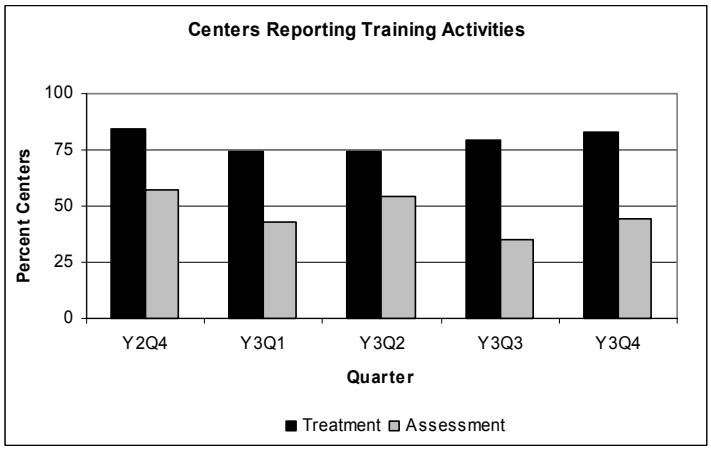
Approximately one-third of the products groups are working on involves the production of a white paper or policy brief; an addition 10 percent involve manuscripts for submission to professional journals. Other products include brief information materials such as fact sheets (22 percent of products), training materials (13 percent), and practice guidelines or manuals. Approximately two-thirds of collaborative group projects are completed at this time. Additional information about specific products is located in Appendix B.

Type of Product	Total No. (%)	Stage of Completion		
		Planned No.	In Progress No.	Completed No.
White papers/policy briefs	21 (35)		4	17
Brief informational materials	13 (22)	1	4	8
Training materials	8 (13)	1	2	5
Practice guidelines/manuals	8 (13)	3	2	3
Manuscripts	6 (10)	1	1	4
Books for children	2 (3)		2	
Reading lists	2 (3)		1	1
TOTAL	60 (100)	6	16	38

TRAINING

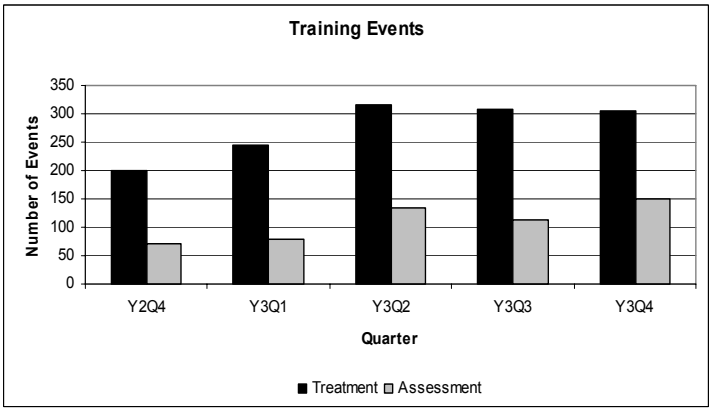
Training Activities

Number of Centers. The proportion of Network centers reporting training events focused on the treatment of traumatic stress this quarter (83 percent) is slightly higher than the previous quarter, and unchanged from the 4th quarter one year ago. There was an increase also in the proportion of centers reporting assessment-focused events compared to last quarter (44 versus 35 percent), however, this is a decrease compared to this period last year (44 versus 57 percent).

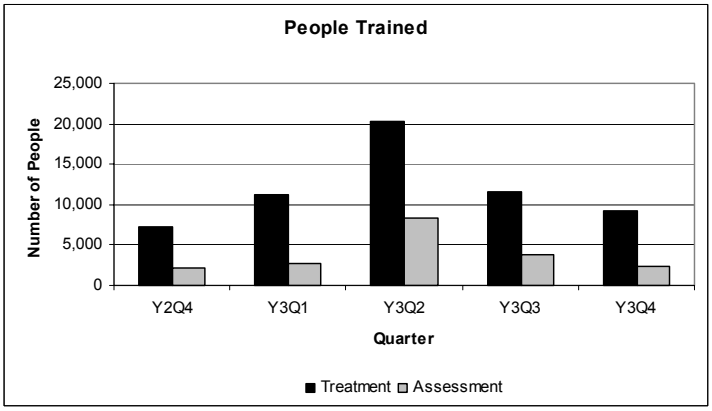


Number of Events. There were a total of 456 training events reported this quarter; 306 on treatment and 150 on assessment. The number of training events on treatments this quarter is comparable to last, but 54 percent higher than this period last year.

In the case of training events on assessment topics, the number of reported events was higher this quarter relative to both last quarter and one year ago. Compared to last quarter, there was a 33 percent increase, and compared to a year ago, more than a 100 percent increase in assessment training events.



Number of People Trained. Network centers reported training a total of 11,683 trainees this quarter. The number of people attending trainings (9,254) on the treatment of traumatic stress was 21 percent lower this quarter compared to last, but 27 percent higher than this period last year. Total attendance at assessment-related events (2,429) was down by approximately 35 percent over last quarter, and up by 12 percent when compared to the fourth quarter of last year.



Categories of People Trained. Looking at trends in the data, about 70 to 80 percent of centers consistently report training mental health providers on treatment and 30 to 50 percent report training them on assessment. Other audiences, such as school personnel, child welfare professionals, and health care professionals also consistently receive training on these topics, but typically from a smaller proportion of centers.

Categories of Trainees										
	Treatment % Centers					Assessment % Centers				
	Y2Q4	Y3Q1	Y3Q2	Y3Q3	Y3Q4	Y2Q4	Y3Q1	Y3Q2	Y3Q3	Y3Q4
Mental health	78	69	74	78	74	49	41	50	28	41
Health care	43	39	35	39	37	30	19	26	17	19
Child welfare	41	35	44	41	46	14	15	24	19	17
School professionals	43	33	44	39	30	22	7	17	15	11
Legal system	11	20	37	28	30	8	7	19	9	13
Child care	30	28	35	30	26	11	9	13	9	7
Parent/family	11	9	20	19	7	3	2	7	4	4
Dom. violence shelter staff	16	11	19	17	15	5	6	7	11	7
Faith-based groups	5	11	11	7	6	0	2	6	2	4
Government	8	9	11	11	15	5	6	4	4	0
Consumers	0	6	13	7	2	0	0	4	4	2
Fire/emergency personnel	0	2	6	2	7	0	0	2	0	2

Examples of Training Activities

- The Harborview Medical Center in Seattle provided **training in the components model of trauma-focused therapy** to the Southern learning Collaborative and the New Mexico site. Sites received training and supervision meetings carried out. They began telephone consultation with Southern Learning Collaborative sites.

- The Jewish Board of Family and Children's Services is developing and pilot testing a competence-based, reliable and valid **method for evaluating trauma training**. The instrument, to be used in pre- and post-test situations, will assess changes in attitudes, skills, and knowledge in relation to the identification, assessment and treatment of trauma-related disorders. They are in the process of generating items for a pilot Trauma ASK©, to assess the effectiveness of a trauma training for teachers working at Jewish schools serving children who have been exposed to 9/11 and the violence in Israel.

- Both Safe Horizon and St. Vincent's staff have provided multiple professional **training** forums for program staff and for the New York community as a whole, **on best practice models for working with traumatized children** in both clinical and community-based settings.

- The University of Medicine and Dentistry of New Jersey-School of Osteopathic Medicine CARES Institute staff conducted a **two day workshop in TF-CBT** for network members. Participants (85 professionals from the Network) attended seminar and small breakout sessions where they practiced skills and received individualized feedback. They plan to collect follow-up data in 6-8 months to assess impact of training and ongoing consultation.

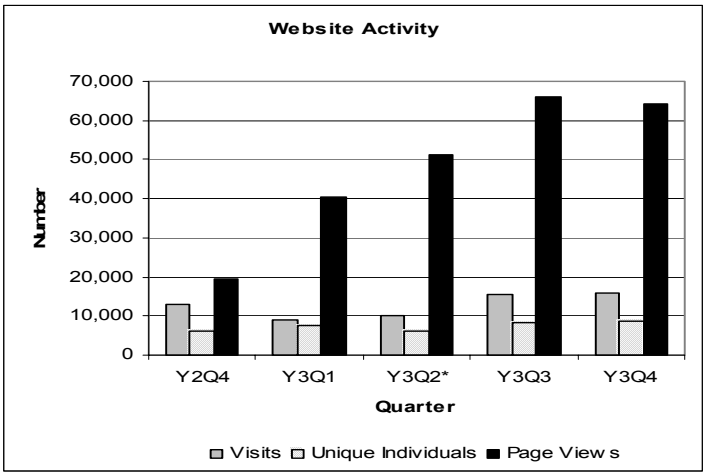
- Kansas City Metropolitan Child Traumatic Stress Center produces the KC Metro **monthly Training Announcement**, featuring information on local training events sponsored by KC Metro and its Agency Partners related to child traumatic stress. The Training Announcement newsletter was distributed to Agency Partners and Advisory Council for July, August, and September, 2004.

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 the availability of effective services that can help children and their families. Some of the vehicles used by the Network to accomplish this are its Website (www.NCTSNet.org), presentations at conferences or to individual local, state, national, and international groups, publications in professional journals, NCTSN materials linked to organizations' Websites, and media events.

National Resource Center (NRC)

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. This quarter, an effort was launched to redesign the NCTSN website. This included establishing a Family Review Committee to provide input on website design as well as the development of other NCTSN materials for families. Also, a new "En Español" section was added to the website and an easily accessible page had been set up to serve as a central repository for NCTSN products.



Website Activity. The graph on the right includes three different measures of Website activity – visits, unique individuals, and page views. The number of visits to the Website serves as a general estimate of the overall use of the Website. It is a count of the total number of visits to the Website regardless of how many times any one particular person visited. There were 15,818 visits to the Website this quarter, an increase of 3 percent from the previous quarter and a 23 percent increase over the same quarter last year

A second way to gauge the use of the Website is in terms of the number of different people, or "unique individuals", who visit the site. Technically, this is a count of the number of unique IP addresses accessing the site rather than unique people. This quarter, the number of "unique individuals" was 8,837, 5 percent higher than the previous quarter, and 42 percent higher than the same quarter last year.

The third measure of Website use is the number of page views. This measure provides a sense of how much material visitors are exploring once they access the site. The number of page views per quarter increased consistently and markedly during the past year, but leveled out this quarter at 64,344 page views. This, however, is more than a 200 percent increase over the same quarter last year.

Taken together over time, these data suggest, with some minor quarter-to-quarter fluctuations, the number of people using the website has remained relatively steady, but that over the course of the past year, people have come to view increasingly larger amounts of material during their visits.

Top Ten Downloads

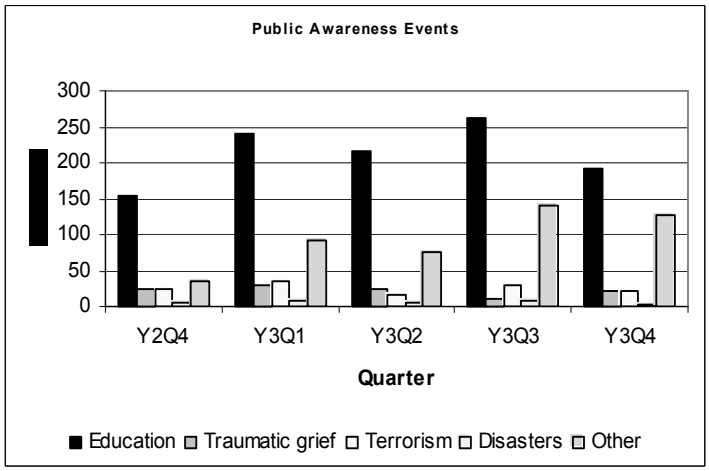
Although page views are steady, there was a marked increase in the number of documents that were downloaded. A total of 9,255 copies of documents were downloaded this quarter compared to only 7,121 in the previous quarter. The most frequently downloaded file, "Complex Trauma in Children and Adolescents", accounted for 5.5 percent - about 1 in 20 - of all downloads.

Document	#Times Downloaded
Complex Trauma in Children and Adolescents*	508
Trauma Among Girls in the Juvenile Justice System*	307
Mobilizing Trauma Resources for Children	255
Complex Trauma in the Child Traumatic Stress Network-Presentation	249
Assessing Exposure to Psychological Trauma and Post Traumatic Stress in the Juvenile Justice Population	248
Victimization and Juvenile Offending*	248
Trauma Focused Interventions for Youth in the Juvenile Justice System*	239
Child Trauma Issues Prominent in Child Psychiatry Journal-Press Release	200
Family Preparedness Wallet Card*	197
Child Traumatic Grief Educational Material*	196

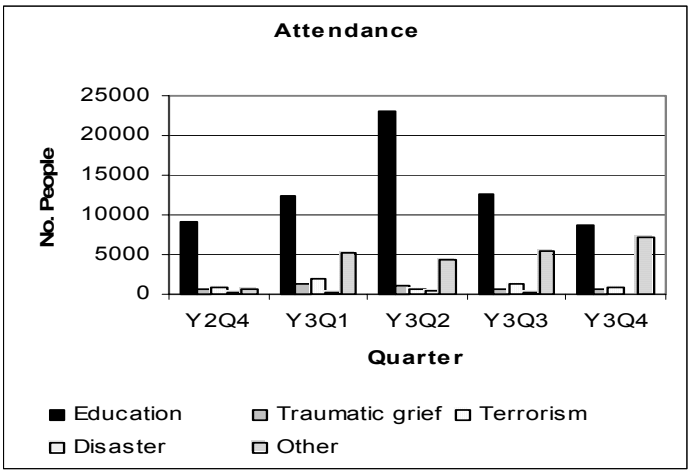
**Network publications*

Public Awareness Events[3]

Number of Events. A total of 362 public awareness events were reported this quarter, a decrease of 20 percent compared to last quarter, but a 50 percent increase compared to the same quarter last year. The most common focus of the events held this quarter, as in all previous quarters, was education information on traumatic stress (53 percent of all reported events).



Attendance. Attendance mirrors the changes in the number of reported events; the number of people attending events (17,269) decreased relative to last quarter (a 14 percent drop), but shows an increase (48 percent) when compared to attendance a year ago. Consistent with the fact that the most common topic of public awareness events continues to be general education, the highest attendance continues to be associated with events on this topic.



[3] Y2Q1 N=29 Y2Q2 thru Y2Q4=36 Y3Q1/Q2/Q3/Q4 N=54

Categories of Attendees. The table immediately below lists the proportions of centers that reached different categories of individuals with general information about traumatic stress (Education) and other mental health topics (Other). In the case of traumatic stress education, there were increases in the proportion of centers reaching school professionals and health care professional. In the case of other mental health topics, increases occurred in child welfare workers , parent/family, and law enforcement/juvenile justice.

	Education					Other				
	Y2Q4 %	Y3Q1 %	Y3Q2 %	Y3Q3 %	Y3Q4 %	Y2Q4 %	Y3Q1 %	Y3Q2 %	Y3Q3 %	Y3Q4 %
Mental health professionals	57	50	63	61	56	27	26	35	41	37
Child welfare workers	30	22	43	39	35	19	11	20	19	26
School personnel	49	39	39	39	43	14	11	19	19	20
Child care workers	22	13	35	35	24	11	9	7	19	19
Parent/family	16	13	22	31	24	5	6	13	9	15
Health care professionals	35	30	31	28	39	24	19	22	24	24
Domestic violence shelter staff	24	11	11	19	20	11	4	9	15	11
Law enforcement/juv. justice	22	15	20	17	16	14	7	17	15	22
Government	16	6	7	17	20	11	4	6	11	13
Faith based	16	9	13	11	11	5	4	9	13	7
Consumers	5	6	15	5	11	3	0	7	4	9
Fire/emergency	5	4	4	7	5	0	0	0	0	0
Other	16	7	13	22	15	3	4	9	7	4

The next table describes the proportion of centers who reported reaching different audiences with information about more specialized trauma-related topics (i.e., terrorism, disasters, and traumatic grief). Among the notable differences this quarter are increases in the proportion of centers providing information on terrorism/war and traumatic bereavement to mental health professionals. There was also an increase in centers providing information on traumatic bereavement to child health care professionals.

	Terrorism/War					Natural/Man-made Disaster					Traumatic Bereavement				
	Y2Q4 %	Y3Q1 %	Y3Q2 %	Y3Q3 %	Y3Q4 %	Y2Q4 %	Y3Q1 %	Y3Q2 %	Y3Q3 %	Y3Q4 %	Y2Q4 %	Y3Q1 %	Y3Q2 %	Y3Q3 %	Y3Q4 %
Mental health professionals	24	17	15	7	11	8	6	7	6	4	24	11	15	7	11
Health care professionals	5	11	11	6	4	3	6	6	2	0	22	7	7	2	11
Fire/emergency	0	2	7	6	2	3	0	2	0	0	0	0	4	2	4
School personnel	11	9	9	4	6	5	7	7	4	0	11	11	7	6	6
Law enforcement/juv. justice	0	6	7	4	2	0	0	4	0	0	5	2	9	6	4
Government	3	6	7	4	2	3	2	4	4	2	5	2	4	0	0
Child welfare workers	8	9	2	2	2	3	2	2	6	2	14	6	7	6	7
Parent/family	5	0	2	2	2	5	0	0	0	0	11	4	7	2	2
Child care workers	5	6	4	2	6	0	2	0	2	2	11	6	4	2	5
Consumers	0	0	2	2	2	0	0	0	0	0	0	0	4	0	0
Domestic violence shelter staff	0	0	4	0	0	0	0	2	0	0	3	4	2	2	4
Faith based	5	2	4	0	0	8	0	2	0	0	0	2	13	4	4
Other	3	2	4	0	2	11	2	2	0	0	8	2	2	0	2

Outreach Activity

In addition to reaching people with information about traumatic stress through training and public awareness events, 81 percent of Network centers are also involved with a wide range of individuals and organizations in ways such as face-to-face meetings with members of local, state, and national organizations. As the table to the right shows, the organizations and systems most frequently targeted by NCTSN centers' outreach activities continue to be mental health, schools, the legal system, and child welfare agencies.

	Outreach Activities				
	Y2Q4 %	Y3Q1 %	Y3Q2 %	Y3Q3 %	Y3Q4 %
Mental health	54	52	48	56	54
Schools	59	54	52	50	50
Legal system	57	50	54	46	50
Child welfare	49	44	43	46	35
Government	27	30	35	35	30
Health care	38	30	31	34	31
Faith-based groups	24	24	30	26	17
Parent/family	32	22	30	22	33
Domestic violence shelters	19	15	22	22	24
Child care	35	26	22	20	24
Consumers	11	24	20	19	11
Other	22	17	19	17	19
Fire/emergency	8	7	15	7	17

Media Activity

Network centers reported a total of 178 media events this quarter. As in the previous quarter, the most common were locally distributed print media (97 events). Second, again for two quarters in a row were state print media (22 events). National television coverage, although a relatively less common source of exposure, decreased by 44 percent compared to last quarter.

	Media Events				
	Y2Q4 No. Events	Y3Q1 No. Events	Y3Q2 No. Events	Y3Q3 No. Events	Y3Q4 No. Events
Local					
Print	81	85	72	93	97
Television	49	37	26	20	11
Radio	20	18	19	9	8
State					
Print	4	9	8	26	22
Television	1	7	0	12	11
Radio	1	2	1	0	5
National					
Print	11	13	16	15	12
Television	4	6	10	16	7
Radio	4	3	6	0	5
TOTAL	175	180	158	191	178

Examples of Public Awareness Activities

- Children's Hospital of Philadelphia CPTS launched its **Web site** on July 1st with information for medical and mental health providers **about medical traumatic stress** and useful tip sheets and other information available for download. During the 1st quarter, the Web site has received more than 230 visitors and more than 150 education items have been downloaded.

- Idaho State University staff presented on **"Rural, Frontier, and Tribal Traumatic Stress: Clinical and Community Services**" at the 112th Annual Convention of the American Psychological Association. Honolulu, HI (August, 2004).

- Project Illumination is a **collaborative venture** between Aurora Mental Health Center and The ARC of Aurora directed at **highlighting the impact of abuse on people with developmental disabilities**. The ARC recently received Department of Justice funding to replicate Project Illumination around the country. As part of our collaborative agreement, Aurora MHC will be assisting in providing this training.

- Staff of the Maine General Medical Center **presented** on the "ABCS of Resiliency" at the 8th Annual Advances in Identification and Treatment of Childhood Behavioral Disorders conference, sponsored by the Edmund Ervin Pediatric Center.

- Child and Parent Support Services of Durham, NC held a **retreat for the Department of Social Services** (DSS) to enhance the relationship with the CPSS medical evaluation team and the DSS. Increased awareness of services and needs for traumatized children, the needs for expanded services to include emergency evaluations and foster care physicals.

- The Montana Center for the Investigation and Treatment of Childhood Trauma was established in accordance with applicable policies of the Montana University System Board of Regents. Several press announcements followed this designation in July 2004 including lead stories on The University of Montana Internet home page and an extensive Montana Public Radio Interview with local and NCCTS staff.

Selected Publications by NCTSN Members

Augustyn, M., Saxe, G.N., McAlistair-Groves, B. and Zuckerman, B. (2003). Silent Victims: A Decade Later. *Journal of Behavioral and Developmental Pediatrics, 24(6):431-3.*

Brown, E,, Pearlman, M., and Goodman, R. (2004). Facing Fears and Sadness: Cognitive-Behavioral Therapy for Childhood Traumatic Grief. Harvard Review of Psychiatry. *Volume 12, Number 4, pp. 187-198.*

Cloitre, M. (Sept, 2004). Trauma and Post-traumatic Stress Disorder - Women and Anxiety Disorders: Implications for Diagnosis and Treatment. *Scientific Symposium Monograph Supplement. CNS Spectrum, 9(9), 1-2.*

Cloitre, M., Stovall-McClough, C.K, and Levitt, J.T. (2004). Treating Life-Impairing Problems Beyond PTSD: Reply to Cahill, Zoellner, Feeny, and Riggs. *Journal of Consulting and Clinical Psychology, 72(3), 549-551.*

Cloitre, M., Stovall-McClough, C.K, Chemtob, C.M, & Miranda, R. (2004). Therapeutic Alliance, negative mood regulation, and treatment outcomes in child abuse-related posttraumatic stress disorder. *Journal of Consulting and Clinical Psychology, 72(3), 411-416.*

Cohen JA, Mannarino AP, Knudsen K (2004) "Treating Childhood Traumatic Grief: A pilot study". *J American Academy of Child & Adolescent Psychiatry, 43, 1225-1233.*

Cohen, Judith, Goodman, Robin, Brown, Elissa, and Mannarino, Anthony (2004). Treatment of Childhood Traumatic Grief: Contributing to a Newly Emerging Condition in the Wake of Community Trauma. *Harvard Review of Psychiatry, 12 (4), 213-216.*

Friedrich, W.N., Olafson, E., & Connelly, L. (2004). Child abuse and family assessment: Strategies and inventories. In L.Sperry (Ed). *Assessment of couples and families: Contemporary and cutting edge strategies (pp.207-247). NY: Brunner-Routledge.*

Goodman, Robin, Morgan, Alison, Juriga, Sandra, and Brown, Elissa (2004). Letting the Story Unfold: A Case Study of Client-Centered Therapy for Childhood Traumatic Grief. *Harvard Review of Psychiatry, 12(4), 199-212.*

Kazak, A., et.al., (2004) Treatment of posttraumatic stress symptoms in adolescent survivors of childhood cancer and their families. *Journal of Family Psychology: 18(3), 493-504.*

Koplewicz, HS, Cloitre, M, Kessler, L, & Reyes, K. (2004). The 9/11 Experience: Who's listening to the children? Psychiatric Clinics of North America – *Disaster Psychiatry Special Issue. C.L. Katz & A. Pandya (Eds.), 7, 491-504.*

Olafson, E. (2004). Child sexual abuse. In B.J. Cling (Ed). *Sexual violence against women & children. Guilford: NY.*

Zeanah, C.H., Scheeringa, M.S., Boris, N.W., Heller, S.S., Smyke, A.T. & Trapani, J. (2004). Reactive attachment disorder in maltreated toddlers. *Child Abuse and Neglect: The International Journal, 28, 877-888.*

NCCTS OPERATIONS

Core Development

This was a formative year for each of the NCCTS functional cores: Data, Training, Learning from Research and Clinical Practice, Service Systems, and Policy. Long range plans have been developed for each of the Cores, and several Core Development Meetings were organized this year with SAMHSA support. The NCCTS Core Directors are meeting regularly and engaging in active cross-core planning and collaboration, as well as involving SAMHSA program staff in strategic planning discussions.

Strategic Policy Agenda

Following a year of effort, including telephone interviews with the chairs of more than two dozen collaborative groups as well as more than 50 PIs from across the NCTSN, the NCCTS Policy Core has developed a strategic policy agenda for child traumatic stress. The agenda was outlined in a series of concept papers developed by Network members and formally presented during a Policy Core Summit this quarter. The Policy Core has organized a number of external partnerships and Network-level subcommittees to help move this agenda forward. The Policy Core is beginning work on a "strategic guide" to introduce policymakers to the field of child traumatic stress, presenting the issues in terms that will be meaningful for them and providing direction for change at the federal, state, and local levels.

Training and Implementation

Through the leadership of the NCCTS, the Network is poised for a transformation in how training is delivered and services are provided. The Training Core has organized Network members to explore alternative training platforms, develop innovative training evaluation approaches, and create a "core skills" curriculum to raise the standard of care delivered in mental health and non-mental health settings alike. A Network-wide training plan has been crafted that expands the breadth (integrating content areas beyond treatment protocols) and depth (no more "one-shot" trainings) of Network training opportunities. The LRCP Core has supported Network efforts to replicate EBPs and further develop promising practices. By promoting adoption and implementation strategies that anchor interventions in Network centers and position them to disseminate effective practice throughout their communities, the LRCP Core has helped EBPs take root in Category III centers and helped Category II centers reach beyond their academic boundaries.

Cultural Competence

Guided by Network input received during the December 2003 All-Network Meeting, the NCCTS Service Systems Core developed a multi-pronged approach to enhance cultural competence throughout the NCTSN. This approach includes conducting a comprehensive cultural needs assessment, involving all 54 NCTSN centers and the full complement of collaborative groups, as well as the development of web-based information, the collection of case studies and "success stories," and the translation of NCTSN materials into languages other than English. A subcommittee has been formed to oversee the translation of materials on child traumatic stress and child traumatic grief into Spanish, and a Spanish section of the NCTSN website has been established.

Terrorism and Disaster

The NCCTS Terrorism and Disaster Branch expanded its partnerships and product-development activities this year. Active collaborations are in place with the National Center for PTSD and SAMHSA DTAC. Products in development include training vignettes to assist mental health professionals and paraprofessionals following a disaster, community resiliency tools, and an online curriculum for Psychological First Aid. The TDB is working to build Network capacity to respond to terrorism and disaster and has established its own effective Rapid Response Team, which has been effectively mobilized, in partnership with SAMHSA and other federal agencies, to respond to crises and disasters, including the Florida hurricanes and the Beslan School Disaster.

Strategic Partnerships

The NCCTS continues to develop strategic partnerships with other organizations in order to raise public and professional awareness of child trauma and opportunities to advance the training of others in organizations outside of the Network. This year, the Network:

- Partnered with the Federation of Families to conduct interviews with parents of traumatized children; these personal stories (of barriers to care and successful intervention for child traumatic stress) will be incorporated into a report to be released next quarter.

- Established a strategic partnership with the National Council of Juvenile and Family Court Judges (NCJFCJ), which included delivering a well-received presentation on trauma and juvenile justice at the NCJFCJ annual conference.

- Established a strategic partnership with the Child Welfare League of America focusing on our child welfare training curriculum, cultural competence initiative, and juvenile justice activity

- Participated at national child mental health coalition meetings in the Washington DC area.

- Collaborated with "Dare to Act" conference planners to develop a child trauma / domestic violence agenda for their national meeting.

- Participated in a SAMHSA policy meeting on mental health system transformation.

- Formalized a strategic partnership plan for the upcoming year outlining target organizations at multiple "tiers" of outreach and collaboration.

APPENDIX A. 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 Intervention Development 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 Community Treatment and Service 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 Program
MO	St. Louis	1	The Greater St. Louis Child Traumatic Stress Program
MS	Jackson	4	Mississippi Child Trauma Therapeutic Services Center

Category III Community Treatment and Service Centers (continued)

State	City	Cong. District	Center
MT	Missoula	1	Montana Center for the Investigation and Treatment of Childhood Trauma
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
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 B. NCTSN Projects and Products

Needs Assessments

Collaborative Group	Project	Stage of Completion
Adolescent Consortium	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	Secondary analysis of MHCD data for use in further development and validation of the CANS-TEA child trauma information integration measures and for assessing the as well as to assess developmental pathway and comorbidity issues in children exposed to complex trauma.	3
	Survey of complex trauma among youth treated by Network clinicians	2
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	3
Forensic Medical Exam Working Group	Study of the effect that providing info to caregiver of sexually abused child about child's needs has on caregiver accessing services	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	3
Measures Committee	Survey of centers' needs for assessment tools	2
	Developed an initial draft of a template for reviewing and collecting information gathered from the training and materials survey of network sites.	3
Policy Committee	Survey of Network centers to determine policy concerns	1
	Survey of groups external to the Network to determine policy concerns	3
Refugee Trauma Task Force	Cross-center survey to assess treatment approaches used with children who are refugees	2
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
Rural Consortium	Survey of resources and needs	3
Service System Integration WG	SIG survey summary – data analysis completed	2
	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.	3
	Survey 250 NCTSN therapists about knowledge of and attitudes toward manualized, evidence-based treatments – data analysis completed	3
Sexual Abuse Task Force	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	2

1= Planned 2= In progress 3=Completed

Reviews of the Field

Collaborative Group	Project	Stage of Completion
Adolescent Consortium	Literature review on the effectiveness of mentors who work with traumatized adolescents	3
	Literature review examining biological and development differences between traumatized and non-traumatized adolescents	2
	Review of 6 practices being implemented at Network center and recommendation of a promising practice to LRCP core committee	2
	Establish expert consensus on evidence-based trauma treatments	1
Complex Trauma Task Force	Meta-analysis of research on effectiveness of trauma interventions	1
	Identify common elements across multiple treatments for trauma	3
Kauffman Best Practices Project	Literature review of medications treatments for stress related disorders in child and adolescent population	3
LRCP Advisory Group	Survey of prescribing practices with respect to traumatized children	2
School Intervention Working Group	Identify critical components of a school-based program	2
Service System Integration WG	Review literature on best practices of service system agencies with respect to reducing secondary trauma and facilitating health of children.	2
Psychopharmacology	Literature review of medications treatments for stress related disorders in child and adolescent population	2
	Survey of prescribing practices with respect to traumatized children	2

1= Planned 2= In progress 3=Completed

Products

Collaborative Group	Product	Code	Stage of Completion
Adapted Treatment Standards for Children with Disabilities WG	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	3
	Info for clinicians on providing culturally-affirming mental health treatments to child who are deaf	PGL/M	2
	Policy brief for legislators highlighting some of the most important issues in treating traumatized children who are deaf	WP	3
Adolescent Consortium	Journal article on high-risk behavior among traumatized adolescents	MAN	2
	Fact sheet describing different types of mentoring and their benefits and caveats	BIM	2
	Bibliography on Biological Development of Adolescents	RL	2
	Pathways to High Risk Behavior (i.e., substance abuse, interpersonal violence, and high-risk sexual behavior)	WP	2
	Adolescents and Auto Accidents	WP	2
American Indian Working Group	Information package on trauma resources	BIM	3
	Comic book or children's book on trauma	BK	2
	Medicine wheel for healing trauma	PGL/M	1
Complex Trauma Task Force	Manuscript on chronic trauma for special issue of Journal of Child and Adolescent Psychology	MAN	1
	Consumer and clinician info sheets	BIM	2
	Clinical case book	TM	1
	Educational videos	TM	2
	White paper on clinical issues relating to complex trauma	WP	3
	White paper on clinical issues converted to manual for submission to peer-reviewed journal	WP	2
	Policy brief on issues relating to complex trauma	WP	3
Cultural Competence Consortium	Translation of parenting materials into Spanish.	BIM	3
	Guidelines for the Culturally Competent Treatment of Victimized Youth	PGL/M	1
Early Childhood Trauma	Participate in development of pre-school teacher/caregiver training development	TM	2
Extreme Poverty and Homelessness Working Group	Fact sheet on impact of homelessness and violence on children and their families	BIM	2
	Fact sheet on runaway/homeless youth	BIM	2
	Conference to educate shelter staff and providers around the nation about trauma-sensitive responses to homeless children	BIM	2
	Completing paper for publication describing family-based interventions used across Network sites	ART	1
Family Interventions	Development of a policy statement	WP	3
Juvenile Justice Task Force	Fact sheets on prevalence of trauma among youth in jj system	BIM	3
	Reference sheets on assessments, interventions, and gender issues	BIM	3
	Guidelines for delinquency courts working with traumatized youth	PGL/M	3
	Compendium of readings on juvenile justice and trauma	RL	3
Kauffman Best Practices Project	"Closing the Quality Chasm in Child Abuse Treatment: Identifying and Disseminating Best Practices"	WP	3
Policy Committee	Community engagement	WP	3
	Juvenile Justice	WP	3
	State implementation of evidence based practice projects	WP	3
	Policy brief that helps all members of society have a better understanding of the costs to children and society when childhood trauma goes unrecognized and untreated	WP	3
	Position paper on needs for military personnel.	WP	3
	Policy brief for the network on complex trauma in children	WP	3

Products

Collaborative Group	Product	Code	Stage of Completion
Policy Committee	Concept paper regarding accreditation bodies and the promotion of trauma informed practice in child welfare settings	WP	3
	Child welfare refinancing	WP	3
Refugee Trauma Task Force	Policy Aspects of the Work of the Refugee Trauma Working Group	WP	3
	Aligning Reimbursement Mechanisms in the Delivery of Linguistically Appropriate Care	WP	3
	White paper II "Refugee Mental Health Interventions	WP	2
	Prepared report based on working group survey data titled "Survey of National Refugee Working Group Sites 2004"	WP	3
Rural Consortium	Composed Rural issue paper for the annual meeting.	WP	3
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
Service System Integration WG	Articles on the importance of communication between service systems	MAN	1
	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
TDB	Medical practitioners' handbook that includes information about trauma symptoms, identification of children who need referral for mental health services, and information on possible early interventions for traumatized children. The Handbook will also include written materials for children and families following disasters.	PGL/M	1
Training Committee	Training video for Trauma-Symptom Checklist for Children	TM	3
Traumatic Grief Task Force	Published results of CTG study	MAN	3
	Collaborating on an article based on data collected by the prevalence and correlates task force	MAN	1
	Information sheets on traumatic grief	BIM	3
	Book for children on traumatic grief	BK	2
	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

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