

Serving America:

The National Child Traumatic

Stress Network Responds to

September 11

NCTSN

The National Child
Traumatic Stress Network

Acknowledgments

The National Center for Child Traumatic Stress would like to acknowledge the following for contributing information and inspiration to this report:

Allegheny General Hospital Center
for Traumatic Stress in Children and Adolescents

Aurora Mental Health Center

Center for Medical and Refugee Trauma,
Boston University Medical Center

Childhood Violent Trauma Center

The Children Who Witness Violence Program

Children's Institute International,
Central L.A. Child Trauma Treatment Center

Children's Crisis Treatment Center's Project Tamaa

Early Trauma Treatment Network

Family, Adolescent, & Child Enhancement Services (FACES)

The Greater St. Louis Child Traumatic Stress Program

The Institute for Trauma and Stress, NYU Child Study Center

Intercultural Child Traumatic Stress Center of Oregon

International C.H.I.L.D., Center
for Multicultural Human Services (CMHS)

Jewish Board of Family and Children's Services
- Center for Trauma Program Innovation

Kansas City Metropolitan Child Traumatic Stress Program

La Clinica del Pueblo, Inc.

L.A. Unified School District Community Practice Center

Miller Children's Abuse and Violence Intervention Center

Mount Sinai Adolescent Health Center

North Shore University Hospital Adolescent
Trauma Treatment Development Center

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

The Trauma Center, Massachusetts Mental Health Institute

Trauma Treatment Replication Center

Wendt Center for Loss and Healing

National Center for Child Traumatic Stress,
Terrorism and Disaster Branch

THE NCTSN IS SUPPORTED BY A GRANT (#U79 SM54284) FROM THE SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA), U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES (DHHS).

Table of Contents

EXECUTIVE SUMMARY 4

SECTION I INTRODUCTION TO THE NATIONAL CHILD TRAUMATIC STRESS NETWORK 8

SECTION II 9/11 ACTIVITIES 11

Delivering Services

Crisis Response 13

Counseling with Victims and Families 15

Services to Emergency Personnel and Other Frontline Helpers 17

School-based Interventions 18

Work with Refugee and Immigrant Groups 20

Increasing Funding for Services 22

Training and Consultation

Training Mental Health Professionals 24

Training and Consultation to Schools 26

Training and Consultation to Business and Community Groups 29

Raising Public Awareness

Improving the Standard of Care

Development of Clinical Tools, Protocols, and Measures 33

Formation of Collaborations to Share Information 34

Expanding the Knowledge Base

Helping to Prepare the Nation for Future Traumatic Events

SECTION III THE FUTURE OF THE NATIONAL CHILD TRAUMATIC STRESS NETWORK 39

APPENDIX A 42

Descriptions of NCTSN Centers

APPENDIX B 53

Glossary of Terms

Executive Summary

The September 11 attacks on America, as perhaps no other recent event, shocked the entire nation into a deep understanding of what it means to live with uncertainty and danger. Within a few moments, over 3000 people perished, and our perceptions of danger, safety, protection, risk, effective intervention, and prevention were radically and permanently altered.

Many children were in close proximity to the World Trade Center at the time of the terrorist attacks. Some witnessed horrifying events or experienced the traumatic loss of family members. Almost 8500 students were evacuated from New York City schools, the largest school evacuation in U.S. history. This event, like no other in recent history, demonstrated the impact of trauma on our nation's children.

The National Child Traumatic Stress Network (NCTSN) responded with trauma expertise, a public health perspective, and a nationwide reach to the horrendous events of 9/11. Facilitated by funding from the Center for Mental Health Services, Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services, Network trauma specialists and others from around the country came together quickly and effectively to share knowledge and to develop and implement effective interventions for children and families.

Activities undertaken by Network centers in response to 9/11 ranged from frontline crisis intervention to the training of school personnel and the development of new treatment protocols. Now, two years later, the Network's efforts continue to serve children and families who are victims of trauma.

NETWORK RESPONSE TO 9/11

Within hours of the 9/11 attacks, Network centers throughout the country mobilized to address the needs of children and families. The Network also worked directly with schools, businesses, and community leaders.

Delivering Services

Within hours of the attack, eleven Network centers were already rendering crisis assistance to individuals and families, emergency personnel, and frontline crisis response workers. Over the following months, a third of Network centers provided more intensive mental health services to children and family victims of the attacks and expanded services to schools, business groups, and refugee and immigrant groups. Finally, collaborating Network centers were able to leverage almost \$6.5 million in new state and federal funds to expand services to victims of 9/11 and public safety workers in New York and Washington, DC.

Training and Consultation

Following the attacks on 9/11, Network centers offered immediate consultation and assistance to school officials in both

Washington, DC and New York, including administrators, staff, and counselors in all private and religious schools in New York City as well as public schools in all five boroughs. In the weeks and months following, hundreds of mental health professionals were trained in New Jersey, Connecticut, Virginia, and California as well as in New York and the Washington, DC, areas to better identify, assess, and respond with evidence-based interventions to traumatized children and families.

Raising Public Awareness

Hundreds of thousands of people around the country received some type of educational message or material about childhood trauma from the Network. Network centers distributed materials to thousands of school administrators, parents, and teachers in New York, Virginia, New Jersey, Massachusetts, California, and Connecticut.

Improving the Standard of Care

By developing and distributing new clinical tools, measures, and guidelines for the treatment of traumatic grief, the Network improved the standard of care for bereaved survivors of 9/11. Network members formed coalitions to share instruments, evidence-based interventions, and evaluation

tools that would benefit thousands of children and families affected by this and other traumatic events.

Expanding the Knowledge Base

Network centers helped gather important knowledge on the mental health needs of school-aged children in New York City, the mental health effects of the 9/11 attacks on New York City firefighters, and ways to identify and treat young children and their mothers who were traumatized by the World Trade Center attacks.

Helping to Prepare the Nation for Future Traumatic Events

In the weeks and months following 9/11, professionals from the Network provided consultation and planning assistance to dozens of state and federal agencies and elected officials.

THE FUTURE OF THE NETWORK

The network of experts and organizations drawn together by the federal government in the NCTSN is a tremendously important resource for the country as it recovers and learns from the events

of 9/11. The Network's efforts to identify and disseminate effective practices will have positive benefits for families directly affected by the 9/11 attacks and all families who may suffer from acts of terrorism or other trauma in the future.

Over the next several years, the National Child Traumatic Stress Network will:

- Identify and develop evidence-based interventions for numerous trauma types; these interventions will be refined and disseminated to community practice centers around the country.
- Produce developmentally appropriate and culturally competent assessment tools and services for special underserved populations of traumatized children, including children with disabilities, refugee and immigrant children, and infants and toddlers.
- Undertake new initiatives to better measure the effects of 9/11 and the effectiveness of interventions for children, families, and firefighters.
- Expand access to services for children, adolescents, and their families in the New York and Washington, DC, areas.
- Capture the lessons learned from 9/11 to inform and improve the disaster preparedness, planning, and response

capacities of state and national organizations.

- Disseminate information about effective school-based interventions and promote the development of best practice school responses to terrorism and disaster.
- Work with established systems of care for children and their families to improve the way these systems identify and respond to trauma.
- Launch a public website that gives professionals, schools, trauma victims, and families increased access to science-based information about child traumatic stress. This material will include professional training opportunities, practical strategies for assisting traumatized children, and tips for seeking help,

“**W**ith its trauma expertise, public health perspective, and nationwide reach, the National Child Traumatic Stress Network (NCTSN) was well positioned to respond to the horrendous events of 9/11.”

Introduction to The National Child Traumatic Stress Network

The Donald J. Cohen National Child Traumatic Stress Initiative, with its nationwide Network of treatment centers, represents a major federal commitment to improve access to services and raise the standard of care for traumatized children and their families throughout the United States.

The Initiative provides the unique opportunity to integrate the strengths of academic centers dedicated to developing the most scientifically supported interventions, and community-based treatment and service providers with their wisdom about providing culturally appropriate care across the many settings where traumatized children and their families are found.

“By developing and distributing new clinical tools, measures, and guidelines for the treatment of traumatic grief, the Network improved the standard of care for bereaved survivors of 9/11.”

The Initiative was created by bipartisan leadership in Congress and is administered by the Center for Mental Health Services, Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services. It funds a network of 37 centers around the U.S. charged with identifying and developing effective treatment and services, collecting clinical data on child trauma cases, and developing educational and training resources on child trauma for professionals, consumers, and the public.

Three types of centers comprise the National Child Traumatic Stress Network.

- Leadership and program coordination are provided by the National Center for Child Traumatic Stress, jointly operated by the University of California, Los Angeles and Duke University.
- Ten centers have been named as Intervention Development and Evaluation Centers. These centers are identifying, improving or developing effective treatment and service approaches for different types of child traumatic events. These events include witnessing or experiencing interpersonal violence; traumatic loss; sexual assault and abuse; medical trauma from accidents or invasive medical procedures; natural and human-caused disasters; and war

or refugee trauma. These centers will pay close attention to the appropriateness of trauma treatments for children and adolescents across the developmental spectrum.

- Twenty-six centers have been designated as Community Treatment and Services Centers. These centers include agencies working in the areas of child abuse and neglect, adolescent health, refugee services, interpersonal victimization, grief, community violence, and school-based services. They will implement and evaluate the effectiveness of interventions in community settings, collect clinical data on traumatized children receiving treatment, provide expertise on effective practices, funding and service issues, and provide training on child trauma for other service providers in the community.

(Descriptions of all 37 Network centers are listed in Appendix A.)

In response to 9/11, the National Center for Child Traumatic Stress was given an additional federal mandate to develop a Terrorism and Disaster Branch. The Branch serves as a national resource to enhance the country's capacity to provide mental health care for traumatized and bereaved children and families after mass casualty

events. It will partner with regional, state, and local systems to promote comprehensive, coordinated preparedness and care and to ensure the availability and accessibility of effective mental health intervention for children and families after terrorism and disaster. The Branch will provide technical support for national preparedness and response initiatives on behalf of children and families, contribute to efforts to train a wide range of caregivers and service providers, and establish a resource for the dissemination of up-to-date, evidence-based information for families and policy makers.

The centers of the National Child Traumatic Stress Network bring an extraordinary depth and breadth of expertise and experience to their mission. Operating from within a sound developmental, family, and cultural perspective, the Network is working collaboratively to advance treatment and service innovations, while providing a sustained bridge between science and practice in community settings. The Network's goal is to develop a range of evidence-based interventions to help children and adolescents within their families and schools. These interventions will give children and adolescents tools to problem solve and adaptively address adversities in their lives. Having such tools will serve them throughout life and will help

protect them from more serious mental health problems, substance abuse, and self-endangering behaviors that can occur in the wake of untreated traumatic stress.

9/11 Activities

There have been previous foreign and domestic acts of terrorism against the United States, including the bombings of the World Trade Center in 1993 and the Murrah Federal Building in Oklahoma City in 1995. But perhaps no event has done more than the attacks of 9/11 to bring to public consciousness the psychological reverberations of traumatic experiences and traumatic losses and the challenge of living in an environment of danger and threat. In addition to the horrific loss of life and injury, 9/11 and the bioterrorism of anthrax radically altered perceptions of danger, safety, protection, risk, effective intervention, and prevention.

Over 3000 people were killed in the World Trade Center attack in New York City, the attack on the Pentagon, and the plane crash in Pennsylvania. The radius of personal impact and the perceived risk zone was nationwide. In addition to trauma and the risk of posttraumatic stress disorder, the losses of 9/11 produced hundreds of thousands of grieving families and friends across the United States and beyond.

Many children were in close proximity to the World Trade Center at the time of the attacks on 9/11. Some were direct witnesses to horrifying events or experienced the traumatic loss of family members. Almost 8500 students were evacuated from New York City schools, experiencing dislocation and delayed reunion with their families. Some of the children were unable to return to their schools for weeks.

The events of 9/11 affected many others who knew individuals who had been in the buildings or knew rescue workers or firefighters. Many thousands of people had the experience of reliving trauma from previous periods in their lives, profoundly changing their assumptions about safety. For example, the tragic events of 9/11 deeply affected many refugees, asylees, and immigrants. Not only did these events reawaken feelings of fear and insecurity, but they added an additional burden of discrimination and prejudice for some, based

on their ethnic origins and/or religion.

The children and teens who live in or near New York City and Washington, DC, bear additional burdens. They live daily not only with the reminders of tragedy and trauma, but with fears of recurrence. These anxieties, which are easily fed by rumors, myths, and confusion, can significantly disrupt children's lives. Studies suggest that trauma reminders can have a powerful influence on the daily lives of children and families. Emotional and physical reactions to these reminders may underlie unexpected or unusual shifts in behavior and personality.

On top of the enormous emotional toll, many families suffered from the economic impact of the 9/11 attacks, some losing their primary wage earner. Workers in the service, travel and tourism industries lost their jobs or had their hours cut back.

In the weeks and months following the attacks, many additional children across the country were exposed to intense media coverage of these events and recurrent warnings of terrorism threats, including anthrax. Images of 9/11 continued to dominate the public media, especially in the weeks surrounding the one-year anniversary.

Before they had even received funding to operate, the centers of the National Child Traumatic Stress Network faced the enor-

mous challenge of leading the nation's response to the 9/11 tragedy and meeting the needs of traumatized children and families across the country. NCTSN centers became involved within hours of the attacks and have since been at the forefront of efforts to assist the victims of the World Trade Center and Pentagon attacks, their families and children, witnesses to the attacks, rescue workers, schools, businesses, community leaders, and government agencies.

Network centers responded to 9/11 by offering expert consultation, therapeutic interventions, crisis response services, professional training, school interventions, and public education—not only in New York City and Washington, DC, but throughout the country. They have also developed and refined new measures and protocols for treating traumatized children and have disseminated these protocols widely. Among them are innovative new protocols for treating traumatic grief, a significant issue whenever there is unexpected and catastrophic loss of life.

Driven by its public mental health mission, the National Child Traumatic Stress Network developed a spectrum of strategies to serve the wide population of children, adults, and families impacted by the terrorism of 9/11. Examples of work done

by centers of the NCTSN, including the National Center for Child Traumatic Stress, are highlighted below.

DELIVERING SERVICES

CRISIS RESPONSE

A number of Network centers were directly involved in crisis response activities on the day of the attacks. Many members continued to offer debriefing, crisis counseling, and other forms of assistance to employers, families, emergency workers, firefighters, and others for weeks and months afterward.

Mount Sinai Adolescent Health Center

Mount Sinai responded to the events of 9/11 by immediately deploying a team of clinical mental health personnel to work with families searching for missing relatives. Staff reported to the 29th Street Armory and worked with police who were taking missing persons reports. Staff offered phone crisis coverage on the nights of 9/11 and 9/12. Hospital social workers answered crisis phone lines at WNET Channel 13 in New York City.

“In the weeks and months following 9/11, professionals from the Network provided consultation and planning assistance to dozens of state and federal agencies and elected officials.”

Safe Horizon

In an attempt to create an efficient “one stop shop” for families seeking coordinated assistance, the mayor of New York City gave Safe Horizon, a community-based organization which specializes in victim assistance and responding to interpersonal violence, the charge of opening and staffing the Borough Assistance Center for Manhattan, to help those most affected negotiate systems of emotional and financial assistance. Today Safe Horizon operates Family and Borough Assistance Centers in all five boroughs of New York City allowing victims, victims’ families, those who lost their jobs, and others to meet with social workers and case managers. It has served over 40,000 people, including displaced workers and residents, with crisis counseling, advocacy, and financial assistance.

Saint Vincent Catholic Medical Centers

Saint Vincent was the primary healthcare facility responding to the medical and psychological needs of victims, survivors, community members, and rescue workers. For the first ten days following the World Trade Center attack, Saint Vincent, located close to Ground Zero, staffed a family support center 24 hours per day to provide information and crisis counseling to families and friends seeking loved ones. This center

assisted over 6000 individuals and served as a model for other centers subsequently operated by the City of New York.

Other Network Responses

The following are other examples of crisis response services offered by Network centers:

- The Jewish Board of Family and Children’s Services (JBFCF) established seven drop-in centers at JBFCF clinics around New York City to serve people free of charge and established a crisis hotline to provide immediate referral to individuals in need.
- The New York University Child Study Center provided counseling at emergency sites in the area around the Armory; services at the offices of Cantor Fitzgerald, at the Administration for Children’s Services, and at several Family Assistance Centers in lower Manhattan. They also provided outreach to various firehouses and to a Battery Park preschool.
- The Wendt Center for Loss and Healing in Washington, DC, went to the Pentagon on the night of the attack to support rescue workers. It also provided intensive debriefings for eyewitnesses to the attacks.

*“Following 9/11,
a number of
Network centers
deployed staff to
conduct therapeutic
interventions with
staff and students
in schools directly
affected by 9/11,
and many Network
centers continue
to offer these
therapeutic services
to this day.”*

- The Trauma Center, Massachusetts Mental Health Institute, sent response teams immediately to Logan Airport to assist families of plane crash victims; it also sent a team of professionals to Ground Zero in New York City.
- National Center Terrorism and Disaster Branch staff worked with American Red Cross personnel in two Family Assistance Centers at LAX airport in Los Angeles, where several of the hijacked planes were headed, to coordinate mental health care for families of victims. Staff also mobilized members of the California Psychological Association to assist the Red Cross.
- The Center for Multicultural Human Services near Washington, DC, secured funds for emergency food and housing assistance for refugees and immigrants who became unemployed or homeless as a result of 9/11.
- The Children's Crisis Treatment Center in Philadelphia called families who had previously reported their loved ones missing (to the Red Cross) to determine if they had found them, and then connected families with mental health services.
- The Aurora Mental Health Center in Colorado debriefed ground staff of an airline at Denver International Airport.

Professionals from the Center also staffed “help phones” established by the local NBC television affiliate.

- Children's Advocacy Services of Greater St. Louis set up a hotline and offered free treatment to the community.

COUNSELING WITH VICTIMS AND FAMILIES

In the aftermath of major disasters, it is normal for both children and adults to experience psychological distress. For most people, this state dissipates within a few weeks to a few months, but, for some, the distress persists and interferes with daily life. Traumatic stress in childhood and adolescence can have an insidious impact, disturbing many domains of normal child development. Studies have documented not only posttraumatic stress, depressive, and behavioral reactions, but profound impacts on the capacity to sustain relationships and trust in the social order. Parents need assistance in learning how to discuss the emotional trauma with their children, while struggling themselves to cope with the emotional impact of such events.

At least ten different Network centers provided expert, science-based, mental health services directly to children and family victims of the World Trade Center and Pentagon attacks. Those served

included adults and children who witnessed the attacks and/or were evacuated from their jobs, homes, or schools.

The New York University Child Study Center

The Child Study Center at New York University offered to evaluate and treat the 900 children left by the 343 firefighters who died on 9/11. It now operates a program that provides support, education, outreach, and grief-specific treatment for 500 children and adolescents and their families. Most are families of firefighters, police, Emergency Medical Services (EMS) personnel, and Port Authority personnel who perished in the events of 9/11.

The Trauma Center, Massachusetts Mental Health Institute

Within 90 days after the attack, the Trauma Center, Massachusetts Mental Health Institute, worked with 27 children and adolescents who lost a parent on one of the two flights that hit the World Trade Center. By August 2002, the Center had offered community and clinic-based services to over 1000 adults and over 250 child survivors/witnesses and their families in Boston and in New York City, including 100 Boston-area children of plane crash victims.

Other Counseling Rendered

These are some of the counseling services rendered by other Network sites to survivors, victims, and their families:

- The Jewish Board of Family and Children's Services Center for Trauma Program Innovation developed a new traumatic grief module within its pre-existing loss and bereavement program for children and adolescents and organized traumatic bereavement groups for children who lost a parent and parents who lost a spouse in the World Trade Center attacks.
- North Shore University Hospital Adolescent Trauma Treatment Development Center is providing education, crisis counseling, and psychotherapy to families of 20 deceased World Trade center victims.
- Safe Horizon started a group for evacuees of the World Trade Center and two groups for survivors, including Spanish-speaking survivors. It serves 60 individuals directly impacted. Saint Vincent Catholic Medical Centers have used Project Liberty funds to develop support groups in Manhattan for anyone affected by 9/11, and on Staten Island for surviving parents and spouses.

“**N** CTSN centers became involved within hours of the attacks and have since been at the forefront of efforts to assist the victims of the World Trade Center and Pentagon attacks, their families and children, witnesses to the attacks, rescue workers, schools, businesses, community leaders, and government agencies.”

- The Wendt Center for Loss and Healing has provided therapy and counseling to 21 direct survivors/family members of 9/11 victims who died at the Pentagon. It also started support groups for postal workers affected by the anthrax attacks and for siblings of victims.
- National Center Terrorism and Disaster Branch staff coordinated follow-up care for children and families who lost loved ones as passengers on flights bound for Los Angeles. Staff also worked through the UCLA Trauma Psychiatry Program to provide services to children and their families.
- Allegheny General Hospital Center for Traumatic Stress in Children and Adolescents in Pittsburgh, Pennsylvania, treated six children who lost loved ones in the terrorist attacks.
- The Yale Child Study Center assisted families in Connecticut who were directly affected by 9/11.

SERVICES TO EMERGENCY PERSONNEL AND OTHER FRONTLINE HELPERS

Several Network sites have provided and continue to provide services to emergency personnel and frontline crisis response workers.

North Shore University Hospital Adolescent Trauma Treatment Development Center

This center served the mental health needs of EMS responders and their families. It conducted psychoeducation and debriefing sessions for 125 hospital-based Emergency Medical Technicians (EMTs) and their families. Staff organized focus groups, including one for parents of older children. They then began to develop a parenting intervention to support EMTs and their families in dealing with family stress.

The Wendt Center for Loss and Healing

The Wendt Center conducts weekly support sessions for frontline case managers and their supervisors from Northern Virginia Family Services who were funded to work directly with the 300 family members affected by 9/11 in the Washington, DC, metropolitan area. These case managers also need emotional support to process their own reactions to the posttraumatic stress of their clients, so the staff provides counseling to them as well.

Saint Vincent Catholic Medical Centers

Saint Vincent is meeting with surviving firefighters in their firehouses and counseling

their families and the families of firefighters lost on 9/11 from lower Manhattan and Staten Island. Staff are also providing these services in Fire Department counseling centers in Manhattan, Queens, and Staten Island. Saint Vincent was also invited to provide counseling services to Port Authority staff and Emergency Unit Officers of the New York City Corrections Department. These individuals remained at Ground Zero during the long, arduous clean-up of the site and now need help being reintegrated into their jobs.

Other Frontline Help

Other Network centers have done additional work with frontline helpers:

- National Center Terrorism and Disaster Branch members worked with several groups of first responders (police, fire, etc.) in New Jersey.
- Mount Sinai Adolescent Health Center staff conducted training workshops for their own staff on psychological trauma and also provided trauma counseling groups to hospital personnel. Five social workers provided ongoing trauma counseling groups to each shift of hospital personnel in the ten weeks following 9/11.
- The Center for Multicultural Human

Services in Virginia provided debriefing for Arlington Free Clinic staff who were involved in providing services at the Pentagon.

SCHOOL-BASED INTERVENTIONS

Network centers assumed major responsibility for meeting the needs of school children in lower Manhattan following the 9/11 attacks. A number of Network centers had preexisting relationships with schools. Others, including Mount Sinai Adolescent Health Center, the Yale Child Study Center, the Jewish Board of Family and Children's Services, and the New York University Child Study Center, participated in Partnership for Recovery, the program initiated by the New York City Board of Education to provide direct services to schools that were evacuated and coordinate responses to schools. Following 9/11, a number of Network centers deployed staff to conduct therapeutic interventions with staff and students in schools directly affected by 9/11, and many Network centers continue to offer these therapeutic services to this day.

Saint Vincent Catholic Medical Centers

Saint Vincent deployed mental health staff to spend time in P.S. 89, an elemen-

tary school overlooking Ground Zero. A psychologist spends four days per week at the school providing assessment and counseling to children. A nurse and an attending child psychiatrist also spend one morning a week at the school. Staff also provide counseling to personnel at P.S. 89 and have received a grant to provide off-site mental health treatment to P.S. 89's parents and teachers. Staff have assessed and treated over 200 students at the High School of Economics and Finance for trauma-related reactions and symptoms since early March 2002, and they are also providing crisis counseling services to students and teachers at I.S. 131 in Chinatown through Project Liberty funds.

Mount Sinai Adolescent Health Center

Professionals from Mount Sinai have taken the lead in organizing parents within schools evacuated in downtown Manhattan. Staff worked with parents, PTAs, school personnel, and community leaders to form parent groups within three elementary schools to address recovery and trauma issues. Along with presenting workshops to parents in these schools, staff conducted parent breakout groups to identify issues and strategies to improve the school community's ability to respond. They developed guidelines to help parents access treatment resources.

Jewish Board of Family and Children's Services Center (JBFCSC) for Trauma Program Innovation

The Jewish Board has had an ongoing mental health program on-site at Stuyvesant High School, an elite multiethnic school that serves 3000 students from all five boroughs, as well as services at University Neighborhood High School, which serves 700 largely Hispanic and Asian students whose families live in lower Manhattan and who have been economically affected by 9/11. Combined, these two high schools include more than 50 percent of the total high school student population evacuated during the 9/11 attacks. In the wake of 9/11, the Jewish Board conducted informal outreach to students, screened those showing reactions to the World Trade Center attacks, and provided individual and group support services. Workshops were conducted for the Parents Association, and psychoeducation sessions were conducted for students and faculty. JBFCSC expanded its services by adding a part-time Mandarin Chinese-speaking social worker to initiate outreach to the Chinese families who comprise 35% of the school population. They continue to provide alternative therapies, stress reduction, and supportive group therapy for faculty and staff.

“Network centers assumed major responsibility for meeting the needs of school children in lower Manhattan following the 9/11 attacks.”

Other School-Based Interventions

The following school-based interventions were implemented by other Network centers:

- North Shore University Hospital Adolescent Trauma Treatment Development Center is placing a full-time clinician for at least one year in one of the most heavily impacted Catholic schools on Long Island and another clinician to work in one of the most heavily impacted public schools. The center will also be working with two public school districts in Queens, including one affected by the subsequent Rockaway plane crash.
- The New York University Child Study Center is providing services, including trauma-specific cognitive-behavioral therapy, in seven schools in the vicinity of the World Trade Center, three of which were evacuated on 9/11. It is also working with public schools in Chinatown. Over 200 school children have been assessed and 70 are in ongoing treatment.
- Safe Horizon staff have participated in crisis intervention teams in 14 New York City schools to provide

individual and group counseling to students.

- The Children's Crisis Treatment Center in Philadelphia met with individual students and teachers who were experiencing stress reactions associated with 9/11.
- The Wendt Center for Loss and Healing provided interventions to staff and students at the school attended by the surviving children of an individual killed in the Pentagon attack.
- The Aurora Mental Health Center in Colorado made extra counselors available to local schools.

WORK WITH REFUGEE AND IMMIGRANT GROUPS

All Network centers gave special attention to the effects of 9/11 on children and families already in their care. The tragedy and ongoing dangers resulting from 9/11 added observably to the anxiety and sadness of many child and adult clients. There is evidence to suggest that individuals who were previously traumatized may be especially vulnerable to more pro-

“Following 9/11, professionals from ETTN offered immediate help and expert consultation to professionals both within and outside the Network who were working with infants, young toddlers, and their families.”

nounced reactions to another traumatic event. Thus, Holocaust survivors, immigrants from war-torn countries, survivors of natural disasters, and those who have experienced domestic or community violence may have more intense or prolonged reactions to a catastrophic event.

Network professionals observed how symptoms of posttraumatic stress experienced by many refugee and immigrant groups were heightened by the events of 9/11. While the traumas these individuals experienced in their own countries may not have resembled the attacks of 9/11 in their specific details, they shared certain characteristics. Cries for help, smoke and ash in the air, waiting for rescue workers, and the feelings of helplessness and terror are common to many traumatic events and served as trauma reminders, re-immersing survivors in memories and feelings associated with the original traumatic event.

Network centers have enormous expertise in providing services to multicultural populations. Some centers added additional staff members to do outreach to key refugee groups likely to be experiencing difficulty coping. Others added new therapeutic services for groups of refugee youth who appeared to be vulnerable, including children of Middle Eastern descent.

The Center for Multicultural Human Services

This center provided emergency assistance, clinical services (including psychological assessment, therapy, and medication), interpretation, and cultural awareness and conflict-resolution training to over 500 refugees and immigrants in the months following the 9/11 attacks. The Center added additional staff and began aggressive outreach to Afghan, Sierra Leonean, Somali, and other refugee groups who seemed likely to be experiencing difficulty coping with the consequences of 9/11. The Center also established an intensive summer therapeutic program for selected groups of refugee youths who appeared to be vulnerable. Finally, the Center initiated work on “Children of War,” a theatrical play to educate the public about the impact of trauma on the lives of children.

Family, Adolescent and Child Enhancement Services (FACES)

The FACES Program in Chicago, Illinois, conducted a workshop on the impact of 9/11 on daily life for a state conference in Illinois organized by agencies and organizations that work with immigrants and the State Department of Public Health. FACES also held a multicultural mental health

“Following 9/11, Network centers trained hundreds of mental health professionals around the country in how better to identify, assess, and treat traumatized children and their families.”

conference which included debriefing sessions for 100 refugee providers and other agency representatives in the Chicago area. The center also held training and debriefing sessions for staff at refugee health screening sites and for other refugee providers.

Other Refugee Work

The following are examples of other work being done with refugee and immigrant groups:

- Safe Horizon is adding a new initiative to reach out to six underserved immigrant groups in New York City—Indian, Pakistani, Bangladeshi, Columbian, Nigerian, and El Salvadorian.
- La Clinica del Pueblo, Inc., in Washington, DC, began during the week of 9/11 to offer a series of Saturday workshops on trauma for Spanish-speaking refugees and immigrants. One workshop is directed to parents, another to teens, and the third is for younger children.
- The Trauma Center, Massachusetts Mental Health Institute, conducted outreach to Middle Eastern communities and the leaders and organizations in those communities to ameliorate some of the negative impact of 9/11 and its aftermath on children and adolescents.

- Children's Institute International Central L.A. Child Trauma Treatment Center in Los Angeles gave information about posttraumatic stress disorder to groups and community partner agencies working with refugees and immigrants.

INCREASING FUNDING FOR SERVICES

Network centers have undertaken a number of activities to build treatment capacity within the Network and to improve access to trauma services for children and families. Professionals from the National Center and other Network centers have not only developed collaborative proposals for funding but they have also helped establish funding guidelines and procedures, consulted with foundations and other funding bodies, and evaluated funding proposals.

Examples of the types of activities undertaken by Network centers to expand the Network's reach include:

- Five Network centers successfully competed for and received a total of almost \$3 million in additional funding from the New York Office of Mental Health to use evidence-based interventions to address mental health needs related to 9/11. These centers include

the Jewish Board of Family and Children's Services Center for Trauma Program Innovation together with Mount Sinai Adolescent Health Center, New York University Child Study Center, North Shore University Hospital Adolescent Trauma Treatment Development Center, and Safe Horizon. National Center staff served as consultants to the New York state Office of Mental Health as it planned to release its request for proposals.

- Eleven Network centers shared an additional \$1 million in funding from SAMHSA to enhance service provision to children and families affected by 9/11.
- Saint Vincent Catholic Medical Centers and Safe Horizon each received portions of a \$2 million grant from SAMHSA to provide mental health outreach and screening, assessment, and treatment to public safety workers, their families, and other workers directly involved in rescue and recovery efforts.
- The National Center worked with the Chancellor's staff of the New York Public Schools, especially the Chief Financial Officer, on the submission of its recovery grant through the Federal Emergency Management Administration (FEMA) Project Liberty and the Project

SERV (School Emergency Response to Violence) grant through the U.S. Department of Education.

- With consultation from the Allegheny General Hospital Center for Traumatic Stress in Children and Adolescents, North Shore University Hospital Adolescent Trauma Treatment Development Center, Mount Sinai Adolescent Health Center, and the New York University Child Study Center developed and submitted grants to the National Institute of Mental Health related to the treatment of traumatic bereavement in children.
- The Wendt Center for Loss and Healing recognized the need for a network in Washington, DC, to coordinate information about available services, given that many different organizations had received special 9/11 funding. Staff identified 66 agencies and convened a meeting of these agencies together with foundation representatives and the United Way to create the Metro DC 9-11 Network to foster coordination, cooperation, and collaboration in the response effort. A representative from this center also serves on the distribution committee of the Survivors' Fund of the Community Foundation of the National Capital Region.

“**E**xtensive training has been offered to school administrators, principals, counselors, and teachers in New York City and the surrounding school districts during the last year.”

- A consortium of Network centers, including North Shore University Hospital Adolescent Trauma Treatment Development Center, Mount Sinai Adolescent Health Center, Jewish Board of Family and Children's Services Center for Trauma Program Innovation, and Safe Horizon, is working on peer counseling or peer education models for adolescents. North Shore has developed a grant proposal, which is currently being reviewed and revised by other members of the Network.

TRAINING AND CONSULTATION

Following 9/11, Network centers trained hundreds of mental health professionals around the country in how better to identify, assess, and treat traumatized children and their families. Network centers also devoted considerable time to consulting with schools in the New York City area and training school personnel, as well as providing consultation to businesses and employers affected by 9/11.

TRAINING MENTAL HEALTH PROFESSIONALS

An important goal of the National Child

Traumatic Stress Network is to expand access to services for traumatized children and their families. Following 9/11, nine Network centers, together with professionals from the National Center, mobilized to train professionals within and outside of the Network. Professionals with expertise in the treatment of young children and adolescents, interventions for traumatic grief, and public health approaches to disasters and terrorism trained other mental health professionals to better identify, assess, and respond to children and families with evidence-based interventions. Much of this training was for professionals in the New York or Washington, DC, areas, but many professionals were also trained in New Jersey, Connecticut, Virginia, and California and through professional meetings and national conferences.

Early Trauma Treatment Network

The Early Trauma Treatment Network (ETTN) is a network of four centers focused on improving care and treatment of very young children who are traumatized. Following 9/11, professionals from ETTN offered immediate help and expert consultation to professionals both within and outside the Network who were working with infants, young toddlers, and their families. ETTN members presented at an

all-day workshop for the New York Association of Early Childhood and Infant Psychologists on “Helping Young Children and Families Cope with Trauma” and provided consultation to a number of clinicians in New York City on identifying and treating children younger than five traumatized by the World Trade Center attacks.

Allegheny General Hospital Center for Traumatic Stress in Children and Adolescents

This center, a leader in the development and dissemination of evidence-based treatments, worked closely with several New York programs to provide training on working with children affected by the terrorist attacks of 9/11. Experts from Allegheny General Hospital conducted several intensive trainings on the treatment of traumatic grief with hundreds of mental health professionals in the New York City area as well as with staff from nearly a dozen other Network centers.

Additional Consultation Activities

Other training activities organized to improve the quality of care delivered by mental health professionals included:

- North Shore University Hospital Adolescent Trauma Treatment Development Center provided training for over 500 mental health professionals

on Long Island and New York City on the effects of disasters on children and adolescents and on effective treatments. Experts from North Shore also spoke at a conference of 80 mental health professionals on children and adolescents traumatized by 9/11 and gave a lecture to 100 outreach volunteers in Brooklyn working with Holocaust survivors.

- The Wendt Center for Loss and Healing has trained almost 500 professionals on grief, trauma, and loss over the past year. As part of its work, it convened a meeting of 33 children's grief providers to receive training and consultation from Oklahoma City professionals who worked with children following the Oklahoma City bombing.
- Safe Horizon offered a three-day training on crisis response counseling to over 150 members of the mental health community in the New York metropolitan area.
- Yale Child Study Center faculty consulted with a number of local mental health professionals, including New Haven psychologists, the Shoreline Child Study group, pediatric nurse practitioner students at Yale University's School of Nursing, and pediatric residents at Yale University Medical School. Faculty from Yale University also lectured at several important education conferences,

- including the U.S. Department of Education's eighth annual regional conference in Alabama, the Conference of the Connecticut Education Association, and the Center for Social and Emotional Education conference in New York.
- The Trauma Center, Massachusetts Medical Health Institute, provided training to clinicians and paraprofessionals working with traumatized children and also trained clinicians working with traumatized refugees and asylum seekers.
 - National Center staff conducted numerous local and national training seminars on treating the mental health consequences of terrorism and traumatic events. Training was offered to clinicians in New York, New Jersey, North Carolina, New Hampshire, Virginia, California, and Washington, DC.
 - Network representatives delivered presentations to a number of national mental health professional groups, including:
 - American Association of Child and Adolescent Psychiatry
 - American Professional Society on the Abuse of Children
 - American Psychiatric Association
 - American Psychological Association
 - Anxiety Disorders Association of America
 - Association for the Advancement of Behavior Therapy
 - International Society for Traumatic Stress Studies
 - Network representatives made presentations to pediatric and mental health practitioners at meetings sponsored by:
 - American Academy of Pediatrics
 - Association of Academic Health Centers
 - Greater New York Hospital Association
 - Health and Hospital Corporation of New York City
 - Institute of Medicine
 - New York Academy of Medicine
 - New York City Department of Mental Health
 - Society of Developmental and Behavioral Pediatrics
 - Yale New Haven Hospital

TRAINING AND CONSULTATION TO SCHOOLS

Leaders from the National Center were called by the U.S. Department of Education, the Council of Great City Schools, and the Chancellor of the New York City Schools immediately following the attacks of 9/11 to render assistance and consultation. Several professionals from the National Center, including specialists in school mental health, together with Network representatives from the

Yale Child Study Center and the New York University Child Study Center, have consulted throughout the last year with the Chancellor of the New York City Schools and the New York City Board of Education on how to organize their response and recovery initiatives. Extensive training has been offered to school administrators, principals, counselors, and teachers in New York City and the surrounding school districts during the last year.

Many Network centers located elsewhere around the country also took the lead in their communities by providing training and education to school personnel. A number of centers developed guidelines for educators, parents and professionals on issues that arose related to the anniversary of 9/11.

A few examples of the assistance, consultation and training provided to schools are given below.

The National Center for Child Traumatic Stress

Leaders from the National Center helped familiarize the New York City Board of Education with the resources available to disaster areas, the effects of disaster and evacuation on children, and “lessons learned” from crises such as the bombing of the Murrah Federal Building in Oklahoma City. They provided school recovery program and funding models for the

Chancellor’s staff and helped draw up a plan for how the school district should screen children and respond to 9/11. National Center professionals conducted extensive discussions with several of the principals of evacuated schools to promote their own recovery and to facilitate their recovery planning for their students, school personnel and parent bodies. Leaders from the National Center also conducted training for the New York City Archdiocese, under the auspices of the U.S. Department of Education, open to all administrators, staff, and counselors in private and religious schools in New York City. Over 250 individuals, including Muslim school representatives, were trained in immediate response strategies as well as lessons learned from other crises.

Yale Child Study Center

Partnership for Recovery, the disaster recovery program initiated by the New York City Board of Education to provide direct services to schools, selected the Yale Child Study Center to develop and implement crisis response training in New York area schools. Professionals from the Child Study Center have conducted trainings and given educational presentations to schools and school districts throughout all five boroughs designed to highlight school responses to child trauma and to assist

districts in developing proactive response plans for a range of school crises. This training represents an intensive commitment, with faculty members from Yale University working out of New York City for two or three days per week since February, 2002. The Child Study Center is prepared to work with the Board of Education over the next two years to provide training in school-based crisis response and preparedness to all 1100 schools in New York City.

New York University Child Study Center

Professionals from the New York University Child Study Center were on site responding to the needs of children and schools within 24 hours of the attack on the World Trade Center. Along with providing screening and treatment to school children, NYU Child Study Center staff have given over 40 presentations to public, private, and religious schools in and around New York City in the months following the attacks, serving over 3000 parents, educators and students. NYU Child Study Center staff conducted in-service support sessions for every principal in New York City School District 2 in order to assist them in reopening their schools and also conducted presentations to schools in District 22 in Brooklyn, adjacent to Floyd Bennett Airfield, from which many rescue workers responded.

North Shore University Hospital Adolescent Trauma Treatment Development Center

North Shore has developed relationships with schools in Nassau and Suffolk Counties to help them understand the mental health needs of their students impacted directly or indirectly by the World Trade Center attacks and also to help them prepare for future traumatic events. Professionals from North Shore gave training lectures on the effects of disasters to over 600 teachers, school social workers, school psychologists, and school administrators in the Manhasset School District on Long Island and provided psychoeducation and debriefing for 250 school personnel. North Shore also provided psychoeducation and training to school personnel in Brooklyn and Queens and worked with the Archdiocese of Rockville Centre to assist Catholic schools on Long Island, which serve over 60,000 students, including many children of firefighters.

Other School Training

In addition to the school consultation efforts mentioned above:

- Safe Horizon conducted a 3-day training on children, trauma, and crisis response for the mental health, counseling, nursing, and administrative staff of the Montclair, New Jersey, school

“Parents need assistance in learning how to discuss the emotional trauma with their children, while struggling themselves to cope with the emotional impact of such events. **”**

district. Safe Horizon also conducted training for physical education teachers in New York City on “Trauma: Common Reactions and Coping Skills.”

- The Center for Multicultural Health Services has provided training for school counselors and administrators on understanding Islam, Muslim families, and the impact of 9/11 on the local refugee population. Materials have been developed or adapted for school staff on how to understand, recognize, and respond effectively to the mental health needs of refugee and immigrant children reacting to the events of 9/11.
- Allegheny General Hospital Center for Traumatic Stress in Children and Adolescents professionals, along with National Center staff, conducted a training for New York City mental health professionals, including school-based counselors, on the treatment of multiple traumatized children following 9/11.
- Professionals from the National Center organized training for teachers, administrators, and school mental health staff in the Washington, DC, area and conducted trainings for teachers, counselors, and principals from various school districts in New Jersey.

- Network centers have done consultation and training with school teachers and administrators in Los Angeles, Long Beach, Philadelphia, Boston, and St. Louis.

TRAINING AND CONSULTATION TO BUSINESS AND COMMUNITY GROUPS

The economic repercussions of 9/11 for children and working parents were enormous. Businesses and employers all around the country felt the shockwaves of 9/11. Many lost employees in New York-based offices; others were affected by the evacuation of lower Manhattan. Network centers around the country consulted with businesses and corporations who lost employees on 9/11, whose employees were direct witnesses to the 9/11 attacks, or who were affected in other ways. Network centers also trained considerable numbers of clergy members, knowing the important role they play in the recovery of families.

Safe Horizon

Safe Horizon has formed and trained “Response and Renewal” teams to do outreach to schools, businesses, and organizations whose employees are experiencing trauma-related symptoms. These trained individuals conduct brief group

“**T**here is evidence to suggest that individuals who were previously traumatized may be especially vulnerable to more pronounced reactions to another traumatic event.”

interventions and serve as outreach workers to help identify people who need referral to professional mental health services. Safe Horizon has sponsored close to 300 Response and Renewal group interventions, serving over 5000 individuals from more than 80 organizations throughout New York City, including employees of Cantor Fitzgerald and the 1600 employees of the New York City Housing Authority.

Wendt Center for Loss and Healing

Following 9/11, the Wendt Center developed a new training program called “Grief in the Workplace” to assist employers in creating policies and procedures for dealing with a death in the workplace. The Wendt Center has provided debriefings, training, and educational forums on issues of trauma and grief to almost 2000 individuals who work at agencies in the Washington, DC, area. Staff also conducted trainings on grief and loss to over 600 individuals from community organizations and churches in the Washington, DC, area, and facilitated a workshop at a Baptist convention for survivors and caregivers on helping children cope with grief.

Children Who Witness Violence Program

The Children Who Witness Violence

Program in Cleveland, Ohio, was contacted by two different employers following the attacks on 9/11. The Human Resources department of the March Corporation requested debriefing sessions for its employees and managers because one of their Cleveland employees had been killed in the World Trade Center. The Cuyahoga County Jail also requested informal debriefing sessions for jail staff. Due to the flight path of the airplane that later crashed in Pennsylvania, the city of Cleveland was largely evacuated on 9/11. Staff in the jail, however, had been on “lock down” status with prisoners, cut off from their families, and left without phone contact.

Additional Consultation

Other consultation to businesses, employers, and community groups included:

- The Jewish Board of Family and Children's Services, Center for Trauma Program Innovation offered training to over 3000 individuals and over 200 companies in the New York City area.
- North Shore University Hospital Adolescent Trauma Treatment Development Center professionals spoke to approximately 90 rabbis about the impact of 9/11 on adolescents.
- National Center for Child Traumatic Stress Terrorism and Disaster Branch

staff conducted presentations for a clergy group and for preschool center workers in New Jersey.

- The Trauma Center, Massachusetts Mental Health Institute, offered debriefing, psychoeducation, counseling, and relaxation interventions to an organization with 100 employees located in the World Trade Center.
- The Kansas City Metropolitan Child Traumatic Stress Center took a team to a company in Johnson County, Kansas, that was affected by 9/11.
- The Yale Child Study Center provided training for Save the Children staff, and conducted meetings for faculty and staff at Yale University and also for area business leaders in Hartford, Connecticut.

RAISING PUBLIC AWARENESS

Research has shown that adults must exercise care in the way they present information about tragedy and danger to children. In the weeks and months following 9/11, Network centers worked skillfully to develop public education materials and organized extensive educational activities with school officials, parents, and the general public. Professionals from many Network

sites also produced articles or book chapters for professional audiences related to trauma intervention and research.

National Center for Child Traumatic Stress

Professionals from the National Center consulted on a documentary film recounting the turmoil of one New York City family caught in the attacks of 9/11 and the evacuation of a preschool near Ground Zero. “Surviving September 11th: The Story of One New York Family” highlights the importance of social and family support as a component of recovery. It aired on over 70 percent of the public broadcasting stations around the country in the week of the 9/11 anniversary. Additionally, staff from the National Center worked with the Federation of Families for Children’s Mental Health to develop and distribute materials for families related to anniversary reactions and responses.

New York University Child Study Center

The New York University Child Study Center developed a manual for school administrators and mental health professionals and a second manual for parents and teachers. Over 50,000 copies were distributed to the New York City Board of

Education, eight New York City school districts, the Archdiocese of New York, the Jewish Board of Education, the independent school system in New York City, and many suburban area school systems. These manuals were also distributed to the American Academy of Child and Adolescent Psychiatry, the Administration for Children's Services, the New York State Departments of Health and Education and the Office of Mental Health, and the United Federation of Teachers. About fifteen thousand copies of the manual were distributed to pediatricians in the New York City and Washington, DC, areas.

Yale Child Study Center

This center developed a number of printed materials for parents, teachers, physicians, and school administrators that were posted on the web sites of numerous professional associations. Over 1.5 million copies of Yale University's parent guide, including copies in languages other than English, were distributed by the New York City Board of Education on the anniversary of 9/11. Yale University also developed written materials for distribution to school-based crisis response teams throughout the state of Connecticut.

Other Public Awareness Activities

Other Network centers developed and distributed public education materials. Examples include:

- Safe Horizon produced a Resource Referral Guide to provide individuals with comprehensive information on where to get help. Safe Horizon mailed 3000 copies, and the Guide was posted on the September 11th Fund website. Safe Horizon also produced and distributed tip sheets for parents and for the public.
- Mount Sinai Adolescent Health Center widely distributed materials on child traumatic stress following 9/11. It produced a psychoeducational videotape featuring the work it has done with parent groups since 9/11. It also opened discussion with Partnership for After School Education (PASE), a community-based group, to develop a curriculum that PASE will use in training their 750 youth workers to help identify and support other youth who are having difficulties related to 9/11.
- The Trauma Treatment Replication Center at Children's Hospital Medical Center in Cincinnati, in the weeks immediately following 9/11, compiled a compendium of fact sheets, trauma treatment manuals, professional articles,

and chapters on the assessment and treatment of trauma and grief in terrorism and disaster victims. This compendium was reproduced on CD and distributed widely to mental health professionals through the International Society for Traumatic Stress Studies.

- Early Trauma Treatment Network (ETTN) consulted with Zero to Three and the National Center for Infants, Toddlers, and Families in developing a booklet “Little Listeners in an Uncertain World: Coping Strategies for You and Your Child After 9/11.”
- The Center for Medical and Refugee Trauma, Boston Medical Center, developed and disseminated a pamphlet for parents on talking to children about the 9/11 tragedy.
- National Center staff worked with the Los Angeles Unified School District to develop materials on the consequences of 9/11 for teachers in two Los Angeles County school districts.
- National Center Terrorism and Disaster Branch staff worked with representatives from the Oklahoma Bombing Memorial to send materials to New York following 9/11. A trauma manual for young children was developed and

distributed around the country, including to New York sites.

IMPROVING THE STANDARD OF CARE

The National Child Traumatic Stress Network was well positioned to work in a variety of ways to improve the care and treatment given to traumatized children and adolescents following 9/11. New clinical tools and measures were developed and distributed. Existing treatment manuals and assessment instruments were revised to address more adequately the particular circumstances of the events of 9/11. Guidelines and consensus documents were developed. Most important, coalitions and common interest groups were formed to develop new materials, share instruments and evaluation tools, and to develop treatment protocols.

The events of 9/11 brought a particular urgency to the development of some Network collaborations. For example, the Child Traumatic Grief Task Force, headed by some of the nation’s leading experts in this subject, dedicated tremendous time and effort to revising and disseminating new treatment manuals to meet the increased demand, particularly from New York City-based programs, for training in

these treatment models. Trainings in the use of these treatment models continue, within and outside of the Network.

DEVELOPMENT OF CLINICAL TOOLS, PROTOCOLS, AND MEASURES

- As a result of the collaborative efforts of the Child Traumatic Grief Task Force, three traumatic grief treatment manuals (one for individual treatment, one for group treatment of 6-14 year olds, and one for school-based group treatment of adolescents) were revised and disseminated to large numbers of treatment providers in the greater New York area. In addition, the Early Trauma Treatment Network has developed guidelines for the assessment and treatment of traumatic bereavement in infants, toddlers, and preschoolers. These guidelines fill an important gap in the literature on traumatic bereavement and in the literature on infant mental health.
- National Center staff and consultants developed measures of traumatic grief and loss reminders that are being used by several Network centers which are implementing manualized treatments.
- Network members participated in the American Psychiatric Association Practice Guidelines work group for

posttraumatic stress disorder.

- Network members participated in a meeting to develop consensus guidelines on early intervention in situations of mass violence organized by the National Institute of Mental Health, the U.S. Department of Justice, the U.S. Department of Defense, the U.S. Department of Veterans Affairs, and the American Red Cross.

FORMATION OF COLLABORATIONS TO SHARE INFORMATION

- Five Network centers in the New York area were instrumental in forming the New York Child and Adolescent Trauma Consortium, focused on the development and evaluation of mental health services for children impacted by 9/11. Goals of the Consortium are to discuss the use of common evaluation instruments, share intervention and evaluation procedures, and enhance trauma-related services provided by school mental health providers and community agencies.
- The Center for Multicultural Human Services has taken the lead in forming a new collaboration among centers working with refugee populations to carry out activities to address the psy-

chological needs of refugee and immigrant children and families resulting from the events of 9/11.

EXPANDING THE KNOWLEDGE BASE

Many Network centers are engaged in ongoing efforts to gather knowledge about the effects of trauma on children and effective treatment practices. Several new initiatives were developed specifically in response to the events of 9/11. These will help us shed light on the effects of these tragic events on children and families and to better understand reactions among the general population. The results of some of these projects have been published and disseminated. Others are ongoing. A few of the knowledge development initiatives undertaken as a direct result of the events of 9/11 are listed below:

- National Center staff contributed to the design of a survey of the mental health needs of the general population of the United States (including oversamples in the New York City and Washington, DC, metropolitan areas) one to two months following 9/11. The survey found that probable posttraumatic stress disorder was associated

with direct exposure to the terrorist attacks among adults. The prevalence in the New York City metropolitan area was substantially higher than elsewhere in the country.

- Leaders from the National Center's Terrorism and Disaster Branch were part of a team that studied the prevalence and correlates of counseling received by children ages 4-18 living in Manhattan following 9/11. Team members interviewed parents and adult caretakers about children's exposure, the extent of loss, receipt of counseling services, and behavioral reactions. Researchers found that 22 percent of the children had received some form of counseling and that more than half of the counseling was delivered in schools. Also, the greater parents' own level of posttraumatic stress, the more likely their children were to receive counseling.
- Experts from the Intercultural Child Traumatic Stress Center of Oregon conducted research on how different refugee populations reacted to the events of 9/11.
- National Center Terrorism and Disaster Branch members are collaborating with the Gallup Organization to conduct a

“The addition of the Terrorism and Disaster Branch to the National Center for Child Traumatic Stress will focus attention on children’s mental health in disaster preparedness and response initiatives.”

“Network professionals
observed how symptoms of posttraumatic stress experienced by many refugee and immigrant groups were heightened by the events of 9/11.”

survey of the general population (with oversampling in New York City, Washington, DC, and Oklahoma City) following 9/11. Terrorism and Disaster Branch leaders are also collaborating with the Fire Department of New York on a survey of New York City firefighters to determine the mental health effects of the 9/11 attacks.

- Allegheny General Hospital Center for Traumatic Stress in Children and Adolescents was awarded a foundation grant to work with the New York University Child Study Center to implement a randomized control trial of manualized treatment versus supportive group therapy for child traumatic grief, involving 60 children of New York firefighters. This carefully controlled study will provide important information about the relative effectiveness of these two treatments, and allow the center to make modifications to its traumatic bereavement treatment manuals. Staff from Allegheny General Hospital also consulted with researchers from the NIMH intramural program to develop a treatment protocol for children experiencing traumatic grief or other trauma-related symptoms in the aftermath of the 9/11 attack on the Pentagon.

- The Jewish Board of Family and Children's Services and Mount Sinai School of Medicine are undertaking a research project called the Infant, Toddler, and Preschooler 9/11 Initiative to identify and treat children between birth and five years of age traumatized by the World Trade Center attacks, to identify and treat traumatized mothers of children below five years of age, to increase the knowledge base to advance best practice development for young children and their families who may be affected by future disasters, and to develop training modules to increase the capacity of early childhood service settings to identify, respond to, and treat trauma-related symptoms among very young children and their primary caretakers.

PREPARING THE NATION FOR FUTURE TRAUMATIC EVENTS

Disaster studies suggest that decisions made by public officials following traumatic events are critical to the recovery of children and families. From the earliest days following the attacks on 9/11, experts from the NCTSN met with government agencies and policy makers to help

craft responses to the disaster and its aftermath and develop plans for recovery. Network professionals were sought out for their expertise and leadership by a number of federal agencies, state and city agencies in New York, and state and local officials in Virginia, Connecticut, and California. Network members:

- Provided consultation to the First Lady and her staff on addressing the needs of children and families in the aftermath of 9/11.
- Delivered testimony and recommendations on trauma and disaster response to the President's New Freedom Commission on Mental Health.
- Consulted with Senate staff in preparation for hearings on the mental health response to 9/11, and delivered testimony on the unmet mental health needs of children affected by the World Trade Center attacks to the Health, Education, Labor and Pensions Committee of the U.S. Senate.
- Worked with the Office for Victims of Crime, U.S. Department of Justice, to put together a public service announcement related to 9/11.
- Met with senior advisors to the Secretary of Education, and worked on a variety of projects with the U.S.

Department of Education including web site materials for the 9/11 anniversary, presentations for a DOE-sponsored conference held in Washington, DC, and recommendations for local review of safe and secure school plans.

- Participated in a satellite broadcast sponsored jointly by the Harvard School of Public Health and the U.S. Department of Education on "Readiness, Response, and Recovery" from crises in schools.
- Participated in the National Summit on Disaster hosted by SAMHSA and participated in the conference on "Planning for Biological Events: Responses to Terrorism and Contagious Outbreaks" sponsored by the Uniformed Services University of the Health Sciences and SAMHSA.
- Arranged for extensive consultation from the National Center and Network centers to the U.S. Government Accounting Office on its report to Congress regarding policy and funding issues for mental health programs serving traumatized children.
- Consulted on Project Liberty, FEMA's initiative to aid New York City, and served on the state and City of New York Project Liberty Advisory Groups.

“**M**aterials have been developed or adapted for school staff on how to understand, recognize, and respond effectively to the mental health needs of refugee and immigrant children reacting to the events of 9/11.”

- Met with the Assistant Surgeon General to discuss responses to the mental health needs of children and families following 9/11, as well as the Assistant Secretary of Health and Human Services to discuss federal plans for assisting children and families.
- Participated in the U.S. State Department emergency response meeting to organize the civilian psychiatric response team to respond to overseas situations, and addressed families of State Department employees on grief in children and families.
- Delivered a presentation on child trauma, effects of exposure to violence on children, and posttraumatic stress disorder to a meeting on school-based law enforcement organized by the U.S. Department of Justice.
- Participated in the Governor's Summit on Psychological Trauma that was held in New York City in fall 2001.
- Provided hundreds of hours of consultation to the New York Board of Education and to professionals at Columbia University on the development of an epidemiological survey of school children in New York City and brought the Centers for Disease Control (CDC) into this process.
- Consulted with the Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services on establishing a mental health network to respond to terrorism and disaster.
- Initiated activities within the Los Angeles area to build a regional resource to respond to mass casualty events.
- Consulted with officials from the State of Connecticut on developing coordinated crisis response protocols, and met with Governor Rowland and the United Way to establish a statewide hotline for victims' families in Connecticut.

The Future of The National Child Traumatic Stress Initiative

Over the next several years, the National Child Traumatic Stress Network will continue to build a national resource that can work with government agencies, professional organizations, community programs, schools, and family and consumer groups to ensure access to quality care for traumatized children and their families across America.

Development and dissemination of evidence-based practices

The field of child traumatic stress is on the cusp of major advances in assessment, treatment, and service delivery. Advances in measuring children's distress have provided a jump-start to initiating new types of services and pilot efforts to develop effective intervention strategies. The NCTSN will identify evidence-based practices in a number of areas including domestic violence, sexual abuse, and community violence and then disseminate information about these practices both within and outside of the Network.

Outreach to special populations

Many Community Treatment and Services Centers across the Network are beginning to develop outreach and intervention strategies for underserved populations of traumatized children, including deaf children and those with developmental disabilities, culturally diverse populations, infants and toddlers, and a range of new immigrant groups. Over the next several years, the Network will refine developmentally appropriate and culturally competent assessment tools and interventions for these underserved populations.

Service expansion to areas affected by 9/11

With new state and federal resources, the

Network is poised to expand access to services for many more children and adolescents in the New York and Washington, DC, areas. Outreach and therapeutic services will be expanded for public safety workers, including firefighters and their children, for school-aged children, adolescents, young children and their mothers, and vulnerable refugee populations.

Measuring outcomes and effectiveness

Network centers will continue to be at the forefront of measuring treatment outcomes and effectiveness. As a result of 9/11, a number of Network sites have launched initiatives to better understand the responses of firefighters and the public to the events of 9/11, to improve treatment of parents with young children, and to evaluate the effectiveness of a manualized intervention for traumatic grief.

Preparing for future incidents of terrorism and disaster

The addition of the Terrorism and Disaster Branch to the National Center for Child Traumatic Stress will focus attention on children's mental health in disaster preparedness and response initiatives. The events of 9/11 revealed that mental health resources in major urban centers can be overwhelmed by an

event of significant magnitude. Providers can benefit from coordination and collaborative initiatives. The Network will be able to capture the “lessons learned” from 9/11 to inform and improve the disaster planning and response efforts of state and national organizations.

Training early childhood providers

An Early Childcare Training Task Force has been established and is reviewing existing materials used to train childcare providers in recognizing and responding to young children affected by trauma. Over the next several months, this Task Force will develop educational materials for teachers and childcare providers to enhance the resources currently available and will seek additional funding to disseminate these materials.

Advancing school-based interventions

The experience of 9/11 gave Network members insight into the best ways to assist students and school personnel following disasters. A Network working group has been formed to collect and disseminate information about effective school-based interventions and to promote the development of “best practice” school responses to terrorism and disaster events.

Infusing an understanding of trauma across child-serving systems

The Network is focusing on established systems of care for children and their families and improving how these systems currently respond to trauma. Along with the mental health system, these systems include health, education, child welfare, juvenile justice, law enforcement, and the courts. The Network will reach these systems by developing partnerships with professional associations. The Network’s goal is to infuse these systems with trauma-specific information and an understanding of evidence-based interventions. A Network working group has already been formed to study the special needs of traumatized youth in the juvenile justice system, an often overlooked population.

Public awareness and education

The National Child Traumatic Stress Network has implemented a website at www.NCTSNet.org to give professionals, schools, trauma victims and families increased access to science-based information about child traumatic stress. The website will include tips for seeking help and practical strategies for assisting traumatized children. Training materials for various audiences will also be available online.

“**T**he Network centers bring an extraordinary depth and breadth of expertise and experience to their mission.”

Appendix A

Description of NCTSN Centers

ALABAMA

National Children's Advocacy Center

The National Children's Advocacy Center (NCAC) focuses on treatment and services for children who are victims of child abuse or neglect and their families. These include identifying gaps in the field and the best practices and emerging practices that will meet those needs, evaluating those practices, and disseminating the information to the field through a variety of training and technical assistance methods and in collaboration with the National Child Traumatic Stress Network. As a partner of the National Child Traumatic Stress Network, the NCAC is developing new training and technical assistance projects for therapists new to the field of child abuse; expanding and conducting research on the Family Advocate Model; expanding research on the Forensic Evaluation Model, particularly for preschool child sexual abuse vic-

tims; and providing curriculum enhancements to universities who train professionals working in the field of child abuse.

Contact: JoAnn Plucker
Phone: (256) 533-0531
Email: jplucker@nationalcac.org
Web: <http://www.NationalCAC.org>

CALIFORNIA

Chadwick Center for Children and Families Trauma Counseling Program

The Trauma Counseling Program within the Chadwick Center at Children's Hospital - San Diego is a large trauma-focused treatment program with offices throughout the County of San Diego. It uses its large and culturally diverse community service environment to explore the most effective treatment methods across childhood trauma types. The focus is on the treatment of children. The trauma types include child

abuse, witness to intimate and community violence, accident-related trauma, and painful medical procedures. The Chadwick Center examines the most effective clinical pathways for connecting children from the initial medical and/or legal system contacts to trauma treatment. The Center draws from its culturally diverse staff and client base and its location in a border community to examine the issues of ethnicity, culture, and degrees of acculturation in the healing process. As part of the National Child Traumatic Stress Initiative, the Chadwick Center partners with the NIMH-funded Child and Adolescent Services Research Center at Children's Hospital to support scientific integrity in its research on effective treatment methods.

Contact: Barbara Ryan
Phone: (858) 966-5803 X 5727
Email: beryan@chsd.org
Web: <http://www.charityadvantage.com/chadwickcenter/home.asp>

Children's Institute International, Central L.A. Child Trauma Treatment Center

Children's Institute International (CII), Central L.A. Child Trauma Treatment Center is a community agency serving metropolitan Los Angeles in two clinic sites, in schools, and through home-based services. CII's mental health programs

serve children who have been abused or neglected, sexually abused, and/or exposed to domestic violence and violence at school or in their community. One goal of the Trauma Center is to create a Child Trauma Council in Central Los Angeles, composed of multiple agencies serving children. Another special focus is an evaluation of the Center's multidisciplinary approach to serving children and families in its domestic violence treatment program.

Contact: Rebecca Gaba
Phone: (213) 385-5100
Email: rgaba@childrensinstitute.org
Web: <http://www.childrensinstitute.org>

Early Trauma Treatment Network

Early Trauma Treatment Network (ETTN) is a unique collaboration between the University of California, San Francisco (UCSF), the Child Violence Exposure Program at Louisiana State University Health Sciences Center, the Child Witness to Violence Project at Boston Medical Center, and Tulane University/Jefferson Parish Human Services Authority Infant Team at Tulane University Medical Center. The ETTN is focused on providing Child-Parent Psychotherapy, a manualized, multimodal, relationship-based treatment for infants, toddlers, and preschoolers exposed to interpersonal traumas, including domestic violence, child

abuse, community violence, and traumatic loss. ETTN staff are implementing and evaluating this innovative treatment approach in ethnically and culturally diverse populations across the four sites.

Contact: Chandra Ghosh Ippen
Phone: (415) 206-5312
Email: chandra@itsa.ucsf.edu

L.A. Unified School District Community Practice Center

The Los Angeles Unified School District Community Practice Center is designed to expand knowledge, services, training, and education for early trauma interventions in schools, including treatment, crisis response, and seamless linkages to other community services and follow-up care. It is developing school services specifically for ethnic minority and underserved children, including immigrant populations, and doing outreach to diverse communities affected by trauma to reduce stigma and increase awareness of the impact that trauma can have on children. It is also expanding upon the cognitive-behavioral therapy treatment model it has been piloting in schools. The Center focuses on children who have been exposed to a wide range of community violence.

Contact: Marleen Wong
Phone: (818) 997-2640
Email: mwong01@lausd.k12.ca.us

Miller Children's Abuse and Violence Intervention Center

Miller Children's Abuse and Violence Intervention Center (MCAVIC) is an outpatient evaluation and treatment program in Long Beach, California. The Center collaborates closely with community agencies and schools to provide culturally sensitive, trauma-specific, and developmentally appropriate services to children and adolescents and their families. MCAVIC provides coordinated investigative, medical, and mental health services to children, adolescents, and families who have experienced child abuse, family violence, neighborhood violence, parental substance abuse, medical trauma, and community disasters. MCAVIC provides coordination of services for immediate intervention as well as long-term services, support, and community outreach. MCAVIC's school-based program is designed to increase the availability of evaluation and treatment services to school-age children who have experienced child abuse, domestic violence, community violence, and parental substance abuse.

Contact: Laura Benson
Phone: (562) 933-0590
Email: lbenson@memorialcare.org
Web: <http://www.memorialcare.org>
or <http://www.memorialcare.com/miller/services/abuse.cfm>

COLORADO

Aurora Mental Health Center

Aurora Mental Health Center is a nonprofit community mental health center that serves Aurora, Colorado, a city of 275,000 that includes parts of three counties of metropolitan Denver. Currently 315 paid employees and 82 volunteers aid more than 5000 people annually. Services are provided in eight counseling and specialized service centers, seven residential facilities, 25 public schools, two county departments of human services, homes, foster homes, and other community locations. In 1999, the Aurora Mental Health Center was named the best community mental health center in Colorado by State Mental Health Services and has consistently ranked in the top three. The Center helps abused and neglected children and children who have witnessed interpersonal violence. The Center's Intercept program works with children with mental illness and developmental disabilities, an underserved population with an extremely high prevalence of abuse.

Contact: Frank Bennett
Phone: (303) 617-2305
Email: FrankBennett@aumhc.org
Web: <http://www.aumhc.org>

Mental Health Corporation of Denver's Family Trauma Treatment Program

Mental Health Corporation of Denver's Family Trauma Treatment Program provides access for low-income children and families to community mental health services through a network of more than 30 locations throughout the Denver area. The program works to improve services and treatment for children who have experienced trauma by implementing and evaluating evidence-based interventions in a variety of community settings including schools, shelters, juvenile detention centers, day care centers, and neighborhood clinics.

Contact: Karen Mallah
Phone: (303) 504-6565
Email: kmallah@mhcd.com

CONNECTICUT

Childhood Violent Trauma Center

Childhood Violent Trauma Center (CVTC) represents a collaboration between the interdisciplinary faculty and staff at the Yale Child Study Center and the University of Connecticut Health Center. Together, the CVTC seeks to develop innovative and comprehensive responses to children and adolescents who have been acutely traumatized by violence in their communities

and homes, with an emphasis on collaboration with local entities, especially law enforcement.

Contact: Steven Berkowitz
Phone: (203) 737-1951
Email: steven.berkowitz@yale.edu
Web: <http://www.nccev.org>

DISTRICT OF COLUMBIA

La Clinica del Pueblo, Inc.

La Clinica del Pueblo, Inc., is an outpatient bicultural, bilingual nonprofit community based organization which provides a variety of services to an immigrant population, mainly Latino, in Washington, DC. The mission of La Clinica is “to provide free, culturally sensitive and comprehensive health care and education services to the Latino community and any others in need. La Clinica promotes community participation and empowerment through professional care, advocacy, and a vision of health as a basic human right.” La Clinica provides medical, HIV, mental health, social work, and interpreter services to nearly 6000 clients of all ages annually. Most patients/clients speak little or no English, have no health insurance, are immigrants from Central America, (mainly El Salvador), and have never completed secondary school. The child and adolescent trauma victims seen at La Clinica suffer from exposure to domestic violence and/or substance abuse in the

home, physical abuse, sexual abuse or assault, and medical trauma. Many have lost loved ones in natural disasters or through torture and the experience of being immigrants. The long-term goal of La Clinica's project is to develop a well-integrated medical/mental health model for early identification and treatment of Latino children and adolescents suffering from trauma.

Contact: Darleen Joyce
Phone: (202) 462-4788 x242
Email: djoyce@lcdp.org
Web: <http://www.lcdp.org>

Wendt Center for Loss and Healing

The Wendt Center for Loss and Healing is a 28-year-old non-profit agency that provides mental health services to children and families. The Wendt Center serves people throughout the Washington, DC, metropolitan area who have experienced the death of a loved one or are living with life-threatening illness. Individual counseling, grief support groups, a summer grief camp for children, and training for mental health professionals are the heart of the Wendt Center services. Three years ago the Wendt Center created the only program in the United States that provides on-site grief counseling to families who must visit the city morgue to identify a body; through this work the Wendt Center has developed an expertise in working

with children from families who have experienced a traumatic death.

Contact: Susan Ley
Phone: (202) 624-0010
Email: sley@lossandhealing.org
Web: <http://www.lossandhealing.org>

FLORIDA

Healing the Hurt, Directions for Mental Health, Inc.

Directions for Mental Health, Inc., is a community mental health center in Clearwater, Florida currently serving children and adolescents, aged 0-18 who present with mental health symptoms and a history of trauma. Healing the Hurt is a partnership with Hospice of the Florida Suncoast and Family Service Centers, organizations in the community which have traditionally provided intervention to children and adolescents who have recently experienced trauma related to death or serious illness of a family member and from sexual assault. Healing the Hurt works closely with the local school board, Safe Start Initiative, and the juvenile justice system and participates in a replication of the Child Development-Community Policing program. The agencies are developing protocols for services and implementing best practices as recommended by the NCCTS. In addition to expanding services and improving

access, Healing the Hurt is focusing on increasing community awareness of the effects of trauma on children and training other providers in the region.

Contact: Ann Kelley
Phone: (727) 547-4566 x135
Email: ann.kelley@directionsmh.org

ILLINOIS

Family, Adolescent, and Child Enhancement Services (FACES)

Family, Adolescent, and Child Enhancement Services (FACES) is a program of Chicago Health Outreach, a community-based health organization providing services to disenfranchised individuals and families in Chicago. The program enhances the quality of life for refugee children, adolescents, and families by providing culturally and linguistically appropriate, comprehensive mental health services for individuals suffering from trauma-related distress or emotional stress exacerbated by the refugee experience. Direct services include psychiatric assessment and treatment, individual and family counseling, psychotherapy, occupational therapy, art and dance/movement therapy, theater work, case management typically provided by a case manager from the child's country of origin, and outreach programs to sensitize the children's wider communities to their needs. All services are available in the

home, school, community and on site.

Contact: Joan Liautaud
Phone: (773) 751-4054
Email: jliautaud@heartlandalliance.org
Web:
<http://www.heartlandalliance.org>
 or <http://www.mc-mlmhs.org>

MAINE

Mid-Maine Child Trauma Network

The Mid-Maine Child Trauma Network (MCTN) strengthens the infrastructure of rural, community services to children who have experienced traumatic stress and their families. Building on a successful triage assessment and outcome evaluation protocol serving physical and psychosocial needs of abused and neglected children in foster care, the MCTN works to (1) identify community resources, needs, and coordination opportunities among foster care, domestic violence, emergency health care, mental health, and terrorism/disaster response services; (2) pilot triage assessment and outcome evaluation protocols in the above areas; (3) provide training and consultation to increase trauma assessment and intervention resources (4) facilitate interagency development and coordination of child trauma services; and (5) collaborate with the National Child Traumatic Stress Network and regional networks in resource development and dissemination.

Contact: Stephen Meister
Phone: (207) 621-0415
Email: smeister@mainegeneral.org

MASSACHUSETTS

Center for Medical and Refugee Trauma, Boston University Medical Center

The Center for Medical and Refugee Trauma at Boston University Medical Center is working to develop and evaluate interventions and services for children and adolescents who experience medical trauma, including burns, injuries, and invasive medical procedures. The Center also has an emphasis on work with children and families who have experienced war, displacement, and resettlement stress. Activities of the Center include the investigation of risk factor profiles and the development of culturally informed, social-ecologically valid interventions for children who have experienced trauma, examination of the impact of trauma on physical and mental health outcomes, consideration of acute preventative interventions for injured children, and improvement of interventions for pain in medically hospitalized children.

Contact: Daphne McCampbell
Phone: (617) 414-7531
Email: daphne.mccampbell@bmc.org
Web:
<http://www.bmc.org/childpsychiatry>

The Trauma Center, Massachusetts Mental Health Institute

The Trauma Center, Massachusetts Mental Health Institute, provides community crisis intervention, trauma treatment, clinical training, and treatment outcome research for traumatized children and their caregivers. The Center focuses on specialty trauma service delivery, education, and training to assist children exposed to physical and sexual abuse, neglect, and community and political violence. It is affiliated with multiple community agencies, including clinics, universities, schools, youth groups, homeless shelters, church groups, and the Boston Police Department, which partner with the Center to serve children in the Greater Boston area as well as in rural and remote areas of New England.

Contact: Joseph Spinazzola
Phone: (617) 782-6460
Email: spinazzola@traumacenter.org
Web: <http://www.traumacenter.org>

MISSOURI

Kansas City Metropolitan Child Traumatic Stress Program

Kansas City Metropolitan Child Traumatic Stress Program is sponsored by the University of Missouri-Kansas City (UMKC). It is a partnership between the University, a multiservice children's agency

called The Children's Place, and a large community collaborative of family-serving organizations in the metro-Kansas city area convened by PROCOMM and UMKC. Goals of the KC Metro program are to promote identification, assessment, and treatment of traumatized children and adolescents in the Kansas City area and to increase public awareness and promote the utilization of trauma treatments and services to underserved populations, including those in specialty service settings. KC Metro emphasizes policy improvement and advocacy at the local and state level.

Contact: Sharon Portwood
Phone: (816) 235-1064
Email: portwoods@umkc.edu

The Greater St. Louis Child Traumatic Stress Program

The Greater St. Louis Child Traumatic Stress Program is a collaborative project between the Children's Advocacy Services of Greater St. Louis and the Center for Trauma Recovery of the University of Missouri-St. Louis. The Program provides assessment and therapy free of charge for children and adolescents for a variety of traumatic events including sexual and physical abuse, assault, accidents, homicide, domestic violence, and community violence. Services include individual, family, and group therapy, forensic interviews

and medical exams, abuse prevention education, research, consultation and professional education and training programs.

Contact: Jeffrey Wherry
Phone: (314) 516-6798
Email: wherryj@msx.umsi.edu
Web: <http://www.safekidsmo.org>
<http://www.umsi.edu/divisions/artscience/psychology/CTRHome.html>

NEW YORK

Children's Trauma Consortium of Westchester

The Children's Trauma Consortium of Westchester is a partnership among the Behavioral Health Center at Westchester Medical Center, Julia Dyckman Andrus Memorial, The Center for Preventive Psychiatry, and Fordham University Graduate School of Social Service. The Children's Trauma Consortium will provide a continuum of care for children who have experienced or been exposed to community violence, domestic violence, sexual abuse and assault and physical abuse and assault. The focus will be on children at a high risk of being removed from their homes, schools, and communities.

Contact: Maralee Walsh
Phone: (914) 493-7071
Email: walshm1@wcmc.com

Jewish Board of Family and Children's Services—Center for Trauma Program Innovation

The Jewish Board of Family and Children's Services—Center for Trauma Program Innovation develops, improves, and systematizes trauma-focused assessment and treatment services for traumatized children from low-income and racially diverse neighborhoods. Children served have been exposed to a full range of interpersonal and community violence and present with both acute and chronic traumatic stress consequences. The Board is a large decentralized network of mental health and social service programs throughout New York City. Two major goals of the Center are (1) to develop psycho-educational modules and a treatment manual for the Sanctuary trauma treatment program and (2) to introduce research-grade data collection and treatment protocols to screen for trauma exposure, systematize trauma assessment, and implement trauma-focused treatment approaches.

Contact: Susan Paula
Phone: (212) 632-4705
Email: spaula@jbfcs.org
Web: <http://www.jbfcs.org>

Mount Sinai Adolescent Health Center

Mount Sinai Adolescent Health Center (AHC) is dedicated to the coordinated and

integrated provision of comprehensive adolescent health care services within a single setting that maintains complete patient confidentiality and provides care to adolescents regardless of their ability to pay. AHC staff work to engage adolescents in treatment, using a holistic approach and personally tailoring care to each individual's medical, mental health, family planning, and health education needs. Located in New York City, AHC serves a culturally and ethnically diverse population that has experienced a wide range of traumatic experiences including physical and sexual abuse/assault, domestic, gang, and community violence, and homelessness.

Contact: Sabina Singh
Phone: (212) 423-2900
Email: sabina.singh@msnyuhealth.org

North Shore University Hospital Adolescent Trauma Treatment Development Center

North Shore University Hospital Adolescent Trauma Center is based at a not-for-profit tertiary care hospital that has a commitment to providing mental health services to children and adolescents in the Long Island region who have experienced physical abuse, sexual abuse, neglect, or other types of interpersonal trauma. The Center specializes in developing interventions to address and raise

awareness about the unique impact of exposure to trauma during adolescence.

Contact: Victor LaBruna
Phone: (516) 562-3245
Email: vlabruna@nshs.edu

Parsons Child and Family Center

Parsons Child and Family Center provides residential treatment services to children and adolescents in northeastern New York State. The Parsons treatment continuum includes residential and foster care, outreach to schools and daycare centers and mental health and prevention services for children who have been physically and sexually abused and/or exposed to domestic and community violence. The Center uses its participation in NCTSN to disseminate information about best practice assessments and treatments of traumatized children and adolescents to its extensive collaborative network as well as to improve the treatment provided at Parsons' own treatment programs. Research and evaluation for NCTSN activities will be coordinated by Dr. John Hornik and associates at the Advocacy for Human Potential (AHP) agency.

Contact: Joseph Benamati
Phone: (518) 426-2600
Email: benamaj@parsonscenter.org
Web: <http://www.parsonscenter.org>

Safe Horizon—St. Vincent's Child Trauma Care Initiative

Safe Horizon—St. Vincent's Child Trauma Care Initiative offers a unique and comprehensive continuum of outreach and treatment services for child trauma victims and their families. Programs range from community-based prevention to inpatient treatment and provide effective, trauma-focused care to thousands of children and youth each year. The project is a collaboration between Safe Horizon, the nation's leading nonprofit victim assistance organization, and Saint Vincent Catholic Medical Center, one of the largest behavioral healthcare providers in New York City. By pooling their resources and expertise, the Initiative creates a system of extensive outreach, services, treatment, consultation, and referrals that enables children and youth affected by trauma to access the most appropriate level of care at any given time. The overarching goal is to increase the options for and improve the quality of trauma-focused services and treatment for all youth that have experienced trauma.

Contact: Carrie Epstein
Phone: (212) 577-3871
Email: cepstein@safehorizon.org
Web: <http://www.safehorizon.org>
<http://www.svcmc.org>

The Institute for Trauma and Stress, NYU Child Study Center

The Institute for Trauma and Stress's specific aims are the assessment and treatment of traumatized children as well as the development and dissemination of effective trauma treatments for children and their families. The Center treats all types of urban trauma, including physical and sexual abuse, domestic and community violence, traumatic bereavement, and exposure to the 9/11 terrorist attack. Through several different projects, the Institute is involved in all aspects of trauma: training clinicians on empirically based trauma-focused treatments as well as on how to effectively assess a child's treatment needs, treating traumatized children with a variety of evidence-based protocols, continuing to assess the effectiveness of all treatments, examining the psychological social and biological impacts of traumatic events on children, understanding issues regarding foster care placement of maltreated children, figuring out how to get treatment to the children in need, and getting information out into the community on how to identify children in need of treatment as well as what trauma treatments are effective. The Institute pioneers individual, group, parent, and family cognitive behavioral therapies as well as psy-

chopharmacological and medical services. Services are offered through its affiliate outpatient and inpatient clinics, as well as school-based programs.

Contact: Lena Kessler
Phone: (212) 263-2775
Email: lena.kessler@med.nyu.edu
Web: <http://www.aboutourkids.org>

OHIO

Cullen Center for Children, Adolescents, and Families

Cullen Center for Children, Adolescents, and Families combines the treatment capabilities of the Toledo Children's Hospital and the front-end delivery strengths of the Lucas County Children's Advocacy Center. Together, both entities provide group, individual, and family counseling, advocacy, and other support services to children and teens who experience violence, abuse, and other traumatic events. Building on the Lucas County Safe Kids Safe Streets Initiative, the Center will involve the community in all project components and widely disseminate information and treatment protocols.

Contact: Kristine Buffington
Phone: (419) 291-7919
Email: kris.buffington@promedica.org

The Children Who Witness Violence Program

The Children Who Witness Violence Program provides immediate 24 hour trauma response services to children and families who have been referred by police officers in participating communities in the greater Cleveland area. The program is administered by Mental Health Services, Inc., a community mental health service provider. Police officers refer families to the program who are involved in domestic or community violence by calling the Mental Health Services crisis line. A crisis intervention specialist is assigned to the family, makes contact with them within an hour or two, and schedules an initial visit. The goals of the initial response are to (1) stabilize the crisis situation and provide immediate trauma intervention; (2) ensure the safety of the child witness and the family; and (3) begin a comprehensive assessment of the child and family system. After the initial intervention and assessment phase, the child and family may be referred to an appropriate agency for up to six months of follow-up services.

Contact: Sarah McGuire
Phone: (216) 623-6555
Email: sarah@mhs-inc.org

Trauma Treatment Replication Center

The Trauma Treatment Replication Center is part of the Mayerson Center for Safe and Healthy Children, a child abuse evaluation, treatment, and research center located in Children's Hospital Medical Center, Cincinnati. The Center is focused on acquiring expertise in the replication of child treatment models in community settings. Its goal is to transfer evidence-based child and adolescent trauma treatments from their developers to community-level providers.

Contact: Frank Putnam
Phone: (513) 636-7001
Email: frank.putnam@cchmc.org
Web: http://www.cincinnatichildrens.org/services/programs_and_services/mayerson_center

OREGON

Intercultural Child Traumatic Stress Center of Oregon

The Intercultural Child Traumatic Stress Center of Oregon has two major components. The first is a six-month education program for service providers and others who work with refugee and immigrant children, focusing on the issue of child traumatic stress. The education program trains ethnic mental health counselors

and school personnel, among others, to identify refugee and immigrant children who may be suffering the effects of traumatic stress. The education program will also publicize the availability of culturally appropriate treatment through the Center. The second major component is direct treatment of refugee and immigrant children who suffer the effects of traumatic stress. Individual, family, and group therapy are available for children from any of the 15 or so ethnic/language groups regularly encountered by the Intercultural Psychiatric Program, with a special emphasis on Asians and Hispanics.

Contact: Thomas Argent
Phone: (503) 418-2185
Email: argentt@ohsu.edu

PENNSYLVANIA

Allegheny General Hospital Center for Traumatic Stress in Children and Adolescents

Allegheny General Hospital Center for Traumatic Stress in Children and Adolescents is an urban, outpatient treatment program with a strong commitment to community involvement, based in Pittsburgh, Pennsylvania. The Center treats children exposed to many types of trauma but has a particular focus on developing, modifying, and disseminating

effective interventions for child physical and sexual abuse, traumatic loss, and post-traumatic stress disorder. It has developed trauma-focused individual, group, and family cognitive behavioral interventions, and completed several randomized trials using these interventions with abused children and adolescents. It has also recently established an NCTSN Task Force on Childhood Traumatic Bereavement.

Contact: Judith Cohen
Phone: (412) 330-4321
Email: JCohen1@wpahs.org

Center for Pediatric Traumatic Stress

The Center for Pediatric Traumatic Stress (CPTS) at The Children's Hospital of Philadelphia develops and evaluates empirically based interventions for children who have experienced traumatic stress due to medical illness or injury and for their families. This work includes developing manualized best practice protocols for preventing and treating traumatic stress and establishing service delivery models to integrate prevention and treatment into health care and school-based systems. Current areas of intervention development focus on traumatic stress related to life-threatening illness, acute injury, and critical care. CPTS is guided by an experienced team of clinicians

from psychology, critical care medicine, emergency medicine, nursing, oncology, pediatrics and surgery and collaborates with health care providers nationwide to address critical issues regarding the prevention and treatment of traumatic stress in medical and primary care health settings. CPTS is also in the process of establishing an education and training center for disseminating state-of-the-art information and protocols about traumatic stress related to pediatric illness and injury.

Contact: Stephanie Schneider
Phone: (267) 426-5205
Email: schneiderst@email.chop.edu

Children's Crisis Treatment Center's Project Tamaa

Children's Crisis Treatment Center (CCTC) is expanding its current trauma services by developing and implementing an innovative community/school-based, multimodal treatment program to assist the large and growing number of West African refugee children and their parents/caregivers who have relocated to the Southwest area of Philadelphia, Pennsylvania. Its new program, Project Tamaa, is designed to target and serve those West African refugees from Liberia, Guinea, and Sierra Leone who have witnessed and experienced traumatic events, such as civil war and conflict-related atrocities

in their homelands and in refugee camps and who are also struggling with acculturation issues. Project Tamaa's school-based components include children's therapy/support groups and teacher educational seminars, while the community-based components include caregiver education/support groups, case management services, and multicultural social events.

Contact: Anne Holland
Phone: (215) 496-0707 x1427
Email: aholland@cctckids.com
Web: <http://www.cctckids.com>

UTAH

Child Trauma Treatment Network Intermountain West Primary Children's Medical Center

Child Trauma Treatment Network Intermountain West Primary Children's Medical Center seeks to improve treatment and services for children who experience trauma related to abuse and who live in the Intermountain West states of Arizona, Idaho, Montana, Nevada, South Dakota, Utah, and Wyoming. The program is developing a regional network of child therapists from all seven states who will participate and collaborate in training and consultation. Teams of therapists work to create a network of professionals to

serve the Intermountain West by raising the standard of care for children traumatized by abuse and by working to ensure that underserved populations of children have access to care.

Contact: Susan Stewart
Phone: (801) 265-3180
Email: wcsstewa@ihc.com
Web: <http://www.ihc.com/xp/ihc/primary>

VIRGINIA

International C.H.I.L.D., Center for Multicultural Human Services (CMHS)

The Center for Multicultural Human Services helps people from ethnically diverse backgrounds succeed by providing comprehensive, culturally sensitive mental health services and by conducting research and training to make such services more effective and widely available. Based in the Washington, DC, metropolitan area, this nonprofit agency provides a broad range of services through a multilingual (over 30 languages) interdisciplinary staff utilizing a social-ecological, team treatment approach. Under NCTSN funding, CMHS is refining and documenting developmentally, clinically, and culturally appropriate treatment strategies for children who have experienced war, displacement,

and refugee-related trauma. This past year, CMHS developed and evaluated an innovative community outreach and treatment program targeted to child survivors of war from Sierra Leone, “Leaders of Tomorrow.” Thirty children ages 7-15 participated in a four-week intensive summer program, and those most in need of intervention and support receive on-going case management and group tutorials. CMHS developed and performed a play titled “Children of War” in an effort to educate the public about the impact of war, displacement, and abuse on children and to explore the therapeutic value of using trauma narratives as part of the healing process. CMHS also provided training and consultation to programs across the U.S. on strategies for developing mental health services in refugee and immigrant communities.

Contact: Dennis Hunt
Phone: (703) 533-3302 x111
Email: dhunt@cmhsweb.org
Web: <http://www.cmhsweb.org>

WASHINGTON

Harborview Center for Sexual Assault and Traumatic Stress

The Harborview Child Traumatic Stress Program is located at the Center for Sexual Assault and Traumatic Stress

(HCSATS), a specialty program of the Harborview Medical Center, a University of Washington teaching hospital. The Center serves children and adults affected by child maltreatment, rape and violent crime, and other traumatic events. The Center, as part of the NCTSN, is increasing capacity to deliver evidence-based interventions at HCSATS; improve mechanisms for identifying and linking affected children served within the medical center to services; create a collaboration with specialized community providers serving victims in diverse settings to increase identification of, access to and the availability of culturally specific treatments; develop and evaluate an empirical components-based treatment training program; construct and manage a website distance learning and clinical resource for practitioners across the state; and collect qualitative and quantitative data on practice, child outcomes, and systems.

Contact: Lucy Berliner
Phone: (206) 521-1800
Email: lucyb@u.washington.edu

Appendix B

Glossary of Terms

ANNIVERSARY REACTIONS

Re-experiencing similar feelings, thoughts, or behaviors on the anniversary of a previous traumatic event.

ASYLEE

A person who has sought political asylum in the United States.

ASSESSMENT

The evaluation of an individual's development, behavior, intellect, interests, personality, cognitive processes, emotional functioning, and/or social functioning by methods such as interviewing, systematic observation, and psychometric testing.

ASSESSMENT TOOLS/INSTRUMENTS

Standardized methods used to assess or measure a variety of abilities, attributes, and/or functioning.

CASE MANAGER

A person who helps to arrange, organize, or coordinate available medical, mental health, social, and educational services and community agency supports for someone in need.

COGNITIVE-BEHAVIORAL THERAPY

A treatment approach that focuses both on observable behavior and on the thinking or beliefs that underlie the behavior. In psychotherapy, maladaptive behaviors, thoughts, and beliefs are identified and modified to more adaptive ones.

CONSENSUS GUIDELINES

Guidelines for clinical practice developed by convening a panel of experts who develop information and recommendations on which they collaborate and reach consensus. Recommended practices usually have an evidence base gleaned from research but that also could be attributed

to panelists' clinical experience or review of the literature.

CRISIS INTERVENTION

A psychotherapeutic approach involving counseling during the time of an acute life crisis and limited in aim to helping resolve the crisis.

CRISIS RESPONSE

Any of a variety of techniques aimed at responding to or ameliorating problems created by a natural or human-made crisis.

CULTURALLY COMPETENT

Sensitive and responsive to cultural differences; responsive to people's unique cultural differences, such as race and ethnicity, national origin, religion, age, gender, sexual orientation, or physical disability.

DEBRIEFING

A generic term often used to refer to Critical Incident Stress Debriefing or similar early interventions. Debriefing is usually a structured event led either by a person or team and includes education and review processes with a focus on coping strategies, resilience, and sometimes detailed review of emotional reactions.

DEVELOPMENTAL PERSPECTIVE

An approach that takes into account the growth, maturation, and experience of human beings,

including biological, cognitive, emotional, social, and moral development.

EPIDEMIOLOGICAL SURVEY/STUDY

Study of the distribution of diseases and injuries in human populations. Epidemiological studies examine the frequencies and types of injuries in groups of people and factors that influence the distribution of illness and injuries.

EVIDENCE-BASED INTERVENTIONS/PRACTICES

Clinical practices that incorporate results from research studies and trials as evidence for or against specific tests or treatments in particular clinical situations.

FEARS OF RECURRENCE

Fears often experienced by traumatized persons that the same or a similar traumatic event will recur.

MASS CASUALTY EVENT

A catastrophic event, such as a large-scale natural disaster or a terrorist attack, that produces injuries, deaths, and disabilities.

OVERSAMPLE

A sampling procedure designed to give a demographic or geographic population a larger proportion of representation in a study or a sample than its representation in the overall population.

POSTTRAUMATIC STRESS DISORDER (PTSD)

A psychological disorder defined in the Diagnostic and Statistical Manual of Mental Disorders-IV that can develop after exposure to a terrifying event or ordeal in which grave physical or psychological distress occurred or was threatened. Criteria require: (a) exposure to a traumatic event; (b) re-experiencing of the event; (c) persistent avoidance of stimuli associated with the trauma; (d) persistent increased arousal; (e) duration of b, c, d of more than one month; (f) clinically significant distress or impairment.

PRACTICE GUIDELINES

Pathways for patient care management developed to assist in clinical decision-making.

PSYCHOEDUCATION

The education of a person about psychiatric disorders, including symptoms, treatment, and rehabilitation, such as teaching a person about his or her problem, its treatment, how to recognize signs of relapse, about coping strategies, and about problem-solving skills.

PSYCHOTHERAPY

The treatment of psychological disorders involving a series of contacts between a person and a sanctioned mental health provider

PUBLIC HEALTH PERSPECTIVE

An approach that focuses on practices and strategies that promote health and disease prevention for the population at large. A public health perspective examines behavioral and environmental risk factors and targets primary, secondary, and tertiary prevention strategies and interventions at populations depending on their levels of risk.

RANDOMIZED CONTROL TRIAL

Studies in which participants are randomly assigned to groups receiving different treatments. Often there is a control group that receives a “placebo,” or no treatment. This allows a particular treatment method to be compared to no treatment or to some other form of treatment in order to determine its effectiveness.

SCREENING

An initial evaluation that assesses the level of exposure to a traumatic event, current level of distress, and medical and psychiatric history to determine a person’s need for particular treatment modality or intervention.

STANDARD OF CARE

Current procedure and practice; generally agreed upon principles of practice.

TRAUMA REMINDERS

People, places, activities, or other stimuli that might trigger memories of a traumatic event.

TRAUMATIC BEREAVEMENT / TRAUMATIC GRIEF

A type of grief that is characterized by suffering the loss of a significant person under traumatic circumstances (e.g., accidents, unexpected illness, homicide, suicide, natural and man-made disasters). It also includes experiencing or witnessing the death of another in the midst of horrific and/or life threatening event). Preoccupation with the manner in which the person died overwhelms the usual grief process. Grief symptoms include intrusive thoughts about the deceased, yearning, searching, excessive loneliness, numbness, difficulty acknowledging the death, shattered worldview, and excessive anger or bitterness related to the death.

TRAUMATIC LOSS

A loss that is sudden, unanticipated, and outside the ordinary range of experience.

TRAUMATIC STRESS

Psychological distress experienced by an individual exposed to trauma that overwhelms the person’s perceived ability to cope. It is marked by a sense of horror and helplessness or the threat of serious injury or death.

TREATMENT MANUAL

A written guide with step-by-step instructions for conducting individual, family, or group treatment. The treatment usually involves multiple sessions. The manual describes techniques

used by the clinician, dynamics involved in various phases of treatment, and outlines activities to be done by the client/patient.

TREATMENT PROTOCOLS

Specific procedures for patient care management.

References

Kinzie, JD, Boehnlein, JK, Riley, C, Sparr, L. (2002). The effects of September 11 on traumatized refugees: Reactivation of posttraumatic stress disorder. *Journal of Nervous and Mental Disease*, 190, 437-441.

Schlenger, WE, Caddell, JM, Ebert, L, Jordan, BK, Rourke, KM, Wilson, D, Thalji, L, Dennis, JM, Fairbank, JA, & Kulka, RA. (2002). Psychological reactions to terrorist attacks: findings from the National Study of Americans’ Reactions to 9/11. *Journal of the American Medical Association*, 288, 581-588.

Stuber, J, Fairbrother, G, Galea, S, Pfefferbaum, B, Wilson-Genderson, M, & Vlahov, D. (2002). Determinants of counseling for children in Manhattan after the 9/11 attacks. *Psychiatric Services*, 53, 815-822.

NCTSN



The National Child
Traumatic Stress Network