Form Approved
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NCTSI National Reach Survey

INTRODUCTION

The Center for Mental Health Services in the United States Department of Health and Human Services is sponsoring an evaluation of the National Child Traumatic Stress Initiative (NCTSI). The NCTSI funds grantees across the nation to develop and use trauma-informed services, approaches, and systems to meet the special needs of children and adolescents that have been exposed to *traumatic experiences*. By *traumatic experiences* we are referring to a variety of events including abuse or neglect; community violence; domestic violence; disaster; terrorism; trauma due to war or displacement, medical trauma, or grief/loss. Together these Centers are called the ***National Child Traumatic Stress Network.***

The current study is designed to learn about how child-serving organizations/agencies, that may or may not be affiliated with the various Centers of the National Child Traumatic Stress Network, serve children and adolescents that have been exposed to traumatic experiences. By children and youth, we mean those that are 0–21 years, including transitional age youth 18 years or older.

Your input is important in helping us understand whether the activities of the Network have had an impact beyond the communities served by the funded Centers.

Thank you for agreeing to participate in this important survey.

Please be assured that all responses are kept confidential. We will report findings only at the *group* level. We will not match any names to individual responses. Please feel free to be as open and honest in your answers as possible.

INFORMED CONSENT FORM—NCTSI NATIONAL REACH SURVEY

Purpose of the Survey

The Center for Mental Health Services in the United States Department of Health and Human Services is sponsoring a national evaluation of the National Child Traumatic Stress Initiative (NCTSI). The NCTSI funds grantees across the nation to develop and use trauma-informed services, approaches and systems to meet the special needs of children and adolescents that have been exposed to *traumatic experiences*. By *traumatic experiences* we are referring to a variety of events including physical, sexual, or emotional abuse; neglect; community violence; domestic violence; disaster; terrorism; trauma due to war or displacement, medical trauma, or grief/loss.

The current study is designed to learn about how child-serving organizations/agencies that may or may not be affiliated with the NCTSI serve children and adolescents that have been exposed to traumatic experiences.

Your input is important in helping us to understand whether the activities of the NCTSI have had an impact beyond the communities served by the funded Centers. We are asking you to participate in this study because we believe your organization plays a vital role in developing or providing services for children.

Here are some things we want you to know about completing the survey:

- Whether you choose to complete the survey or not is completely up to you.
- You may stop answering questions at any time, for any reason, and you may choose not to respond to any items you do not want to respond to.
- Completing the survey will take about 30 minutes.
- Any information that you provide will be kept strictly confidential. Your name, or your agency's name, will not be used in any reports about this survey, and no quotes or demographic information will be used that would identify you individually.
- There will be no direct benefit to you for completing the survey. The risk may be the discomfort some people feel when expressing their attitudes and knowledge.
- A report that combines what is learned from all of the completed surveys will be sent to the Center for Mental Health Services. They may share that report with others at their discretion.

Any questions you have about the study at any time can be answered by XXXXXX at (404) 321-3211 or at XXXXXXX@icfi.com.

By checking that you agree below, you certify that you have read the above, that you understand its content, and that you freely agree to participate in this project.

☐ I agree
☐ I do not agree

Description of the NCTSN

The National Child Traumatic Stress Network (NCTSN) is working to advance effective interventions and services to address the impact of traumatic stress. The NCTSN works to raise the standard of care and improve access to services for traumatized children, their families, and communities throughout the United States. Comprising over 60 centers from across the United States, the NCTSN integrates the strengths of academic institutions that are dedicated to developing research supported interventions and training people to deliver them, and community-based treatment

and service centers that are highly experienced in providing care to children and families. The key to the success of the NCTSN is collaboration among its more than 60 centers from across the country, which work together to advance the understanding and treatment of child traumatic stress. To further the NCTSN mission, dozens of committees, working groups, and consortiums with established areas of expertise address the many aspects of this serious issue. Through these collaborative activities and the range of services NCTSN centers provide in clinical settings, neighborhoods, homes, and schools, a wide range of traumatized children and families are receiving needed services.

1.	Before reading the description provided above, please rate how familiar you are with the National Child Traumatic Stress Network as a whole.	**Not at all** ☐	☐	**Some** ☐	☐	**A lot** ☐

2. Using the following Pull-Down menu, please select all of the National Child Traumatic Stress Network **Centers** with which your organization has collaborated in any way.

INSERT PULL-DOWN MENU OF ALL NCTSN CENTERS

3. Please check all of the types of activities in which your organization has collaborated with the National Child Traumatic Stress Network Centers (selected above).

- ☐ Information and referral
- ☐ Service coordination
- ☐ Training professionals
- ☐ Training families or youth
- ☐ Developing interventions, training programs, information resources, or other innovative Tools for professional, parents, or the public
- ☐ Evaluating programs or services
- ☐ Participation on Steering Committees, Advisory Committees, or other interagency groups
- ☐ Coordinating or sponsoring conferences, meetings, or other events
- ☐ Policy development
- ☐ Other (Please specify):_____

4. Using the following Pull-Down menu, please select all of the National Child Traumatic Stress Network products you are familiar with.

INSERT PULL-DOWN MENU OF ALL NCTSN PRODUCTS

5. From the products selected above, which of these products have your agency/organization used only once or on an ongoing basis in your agency procedures and practice?

- ☐ Product used once
- ☐ Product used on an ongoing basis

							Don't Know
		Not at all		**Some**		**A lot**	
6.a.	To what extent are staff in your organization/ agency knowledgeable about the consequences of trauma?	☐	☐	☐	☐	☐	☐

		Not at all		Some		A lot	Don't Know
6.b.	To what extent are staff in your organization/ agency knowledgeable about the special treatment needs of children/adolescents that have been exposed to traumatic experiences?	☐	☐	☐	☐	☐	☐

		Not at all		Some		A lot	Don't Know
6.c.	To what extent, staff in your organization/agency is knowledgeable about special interventions for children/adolescents that have been exposed to traumatic experiences?	☐	☐	☐	☐	☐	☐
6.d.	To what extent does staff in your organization/agency use special interventions for children/adolescents that have been exposed to traumatic experiences?	☐	☐	☐	☐	☐	☐

		Yes	No	N/A	Don't know
7.a.	Does your agency have specific policies and/or procedures related to children/adolescents that have been exposed to traumatic experiences, in the following areas:				
	Screening?	☐	☐	☐	☐
	Assessment?	☐	☐	☐	☐
	Trauma-Focused treatment/services?	☐	☐	☐	☐
	Seclusion and restraint?	☐	☐	☐	☐
	Provision of psycho-education?	☐	☐	☐	☐
	Minimizes revictimization/retraumatization of the children and youth?	☐	☐	☐	☐
7.b.	Were these developed as a result of information/knowledge from, or collaboration with the National Child Traumatic Stress Network?	☐	☐	☐	☐
8.a.	Does your agency provide special training for staff working with children/adolescents that have been exposed to traumatic experiences, in the following areas:				
	Screening?	☐	☐	☐	☐
	Assessment?	☐	☐	☐	☐
	Trauma-informed treatment/services?	☐	☐	☐	☐
	Seclusion and restraint?	☐	☐	☐	☐
	Provision of psycho-education?	☐	☐	☐	☐
	Minimizes revictimization/retraumatization of the children and youth?	☐	☐	☐	☐

		Yes	No	N/A	Don't know
8.b.	Were these developed as a result of information/knowledge from, or collaboration with the National Child Traumatic Stress Network?	☐	☐	☐	☐
9a.	Does your agency provide trauma-focused <u>services or treatments</u> for children/adolescents, or their families that have been exposed to traumatic experiences?	☐	☐	☐	☐
9b.	If yes (to 9a), what percentage of your population in need has access to trauma-focused services _____%				
9c.	If yes (to 9a), are any of these trauma-focused services and treatments *evidence-based* interventions? <u>*Please Note*</u>*: The term evidence-based is used to describe interventions that have been formally evaluated and found to be effective, or to show promise for being effective.*	☐	☐	☐	☐
9d.	If yes (to 9c), please select all of the evidence-based interventions that your agency uses and indicate which ones are trauma-focused.	**INSERT PULL-DOWN MENU OF EBIS**			
9e.	Are these services/treatments being used as a result of information/knowledge from, or collaboration with the National Child Traumatic Stress Network?	☐	☐	☐	☐
10.a.	Does your agency have written plans for <u>developing services</u> for children/adolescents that have been exposed to traumatic experiences?	☐	☐	☐	☐
10.b.	Were these plans developed as a result of information/knowledge from, or collaboration with the National Child Traumatic Stress Network?	☐	☐	☐	☐
11.a.	Are there programs in your agency that were previously funded by NCTSN that are now being supported by other funding sources?	☐	☐	☐	☐
11.b.	Does your agency have specific <u>mechanisms for funding</u> trauma-related services for children/adolescents?	☐	☐	☐	☐

11.c. If yes,

These funding mechanisms include:

- ☐ Demonstration or research grant
- ☐ Block grant funds
- ☐ State funds
- ☐ Medicaid or other public program, such as Child Health Insurance Program (CHIP)
- ☐ Private health insurance or other third party payor
- ☐ Other (please state):_____

12. We welcome any additional comments you may have. Please write them in the space below.

RESPONDENT/AGENCY INFORMATION

13. Respondent Job Title: Please check the one job title which best matches your own.

- ☐ Executive Director
- ☐ Deputy Executive Director
- ☐ Director of Operations
- ☐ Director of Children's Services
- ☐ Clinical Director
- ☐ Director of Planning, Research or Evaluation
- ☐ Other, please specify:_____

14. **Service Sector:** Pull down menu of 5 service sectors, including Mental Health, Primary Care, Child Welfare, Education, and Juvenile Justice

The following questions ask about "your organization or agency". This refers to the organization/agency in which you are employed. Please respond to the questions from your perspective/knowledge as a director or manager of the organization. If your organization/agency has authority or jurisdiction over other agencies, please respond for the largest area over which you have authority. For example, a Children's Director of a State Mental Health Agency would answer the questions about the state mental health agency and its regional provider network.

15a. Please check all that apply:

- ☐ My agency does not have jurisdiction over other agencies
- ☐ My agency has jurisdiction over other agencies related to standards and licensing
- ☐ My agency has jurisdiction over other agencies related to funding
- ☐ My agency has jurisdiction over other agencies related to contracting
- ☐ My agency has jurisdiction over other agencies related to policy-making
- ☐ My agency has jurisdiction over other agencies in other areas (Specify:_____)
- ☐ My agency has jurisdiction over state agencies
- ☐ My agency has jurisdiction over regional, county, district, or city agencies

15b. Please check whether your organization/agency is:

- ☐ Private, not for profit
- ☐ Private, for profit
- ☐ Public agency

15c. If your agency is public, please check the appropriate government level of your agency:

- ☐ Federal
- ☐ State
- ☐ Regional or County
- ☐ City, Borough, Township
- ☐ School District
- ☐ Other, (Please state) _____

16. Please check the major function(s) of your organization/agency (Check all that apply):

- ☐ Policy development and planning
- ☐ Financing
- ☐ Direct service provision
- ☐ Service purchasing or contracting
- ☐ Regulation and standard-setting
- ☐ Academic education for children or adolescents
- ☐ Advocacy services
- ☐ Workforce/development training
- ☐ Providing information or technical assistance
- ☐ Quality monitoring/improvement and or program evaluation
- ☐ Other (please state): _____

17.a.	Are children and adolescents included in your organization or agency's target population?	Yes ☐ No ☐ N/A ☐
17.b.	Please state the age range of children/adolescents that your organization/agency serves or funds (Example 0 to 21 years; 5 to 18 years, etc.)	___ to ___ years

Table of NCTSN Center Developed Evidence-Based Interventions (9d)

Intervention	Developer Site
Abuse-focused Cognitive Behavioral Therapy for Child Abuse	Western Psychiatric Institute and Clinic *Pittsburg, PA*
Attachment, Self-Regulation, and Competence (ARC): A Common-Sense Framework for Intervention with Complexly Traumatized Youth	The Trauma Center *Allston, MA*
Biofeedback Assisted Reduction of PTSD Symptoms	Aurora Mental Health Center *Aurora, CO*
Child Development-Community Policing Program (CDCP)	Yale Child Study Center *New Haven, CT*
Child-Parent Psychotherapy for Family Violence	Early Trauma Treatment Network *San Francisco, CA*
Children Affected by Domestic Violence	Children's Institute International *Los Angeles, CA*
Cognitive Behavioral Intervention for Trauma in Schools (CBITS)	Los Angeles Unified School District & UCLA *Los Angeles, CA*
Combined Parent Child Cognitive-Behavioral Approach for Children and Families At-risk for Child Physical Abuse	NJCARES Institute, University of Medicine and Dentistry of New Jersey (UMDNJ-SOM) *Stratford, NJ*
Combined Trauma-Focused Cognitive Behavioral Therapy and Medication Management	Allegheny General Hospital Center for traumatic Stress in Children and Adolescents *Pittsburg, PA*
COPE-Community Outreach Program	National Crime Victims Research and Treatment Center *Charleston, SC*
Family Advocate Program	National Children's Advocacy Center *Huntsville, AL*
Forensically Sensitive Therapy	National Children's Advocacy Center *Huntsville, AL*
IFACES – International Family Adolescent and Children's Services	Heartland Health Outreach *Chicago, IL*
Modified Dialectical Behavioral Therapy with Developmentally Disabled Children	Aurora Mental Health Center *Aurora, CO*
Multimodality Trauma Treatment (MMTT), also called Trauma-Focused Coping	Center for Child and Family Health/ Duke University *Durham, NC*
Parent-Child Interaction Therapy (PCIT)	University of Florida *Gainesville, FL*
Real Life Heroes	Parsons Child Trauma Study Center *Albany, NY*
Safe Harbor Program: A School-Based Victim Assistance & Violence Prevention Program	Safe Horizon *New York, NY*
Sanctuary Model	Andrus Children's Services Jewish Board of Family and Children's Services *Westchester County, NY*
Sanctuary® Plus (IRIS Project)	Community Works, *Philadelphia, PA* Parsons Child Trauma Study Center, *Albany, NY* Jewish Board of Child & Family Services, *New York, NY* Andrus Children's Services, *Yonkers, NY*
Skills Training in Affective and Interpersonal Regulation/ Narrative Storytelling (STAIR/NST)	The Institute for Trauma and Stress at NYU Child Study Center *New York, NY*

Intervention	Developer Site
Southeast Asian Teen Village	Mental Health Center of Dane County, Inc., Child, Adolescent and Family Services *Madison, WI*
Streetwork Project	Safe Horizon *New York, NY*
Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS)	Adolescent Trauma Treatment Development Center, North Shore University Hospital *Manhasset, NY*
Trauma Adaptive Recovery Group Education & Therapy for Adolescents and Pre-Adolescents (TARGET)	University of Connecticut *Farmington, CT*
Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)	Allegheny General Hospital Center for Traumatic Stress in Children and Adolescents *Pittsburg, PA* and New Jersey CARES Institute
Trauma-Focused Cognitive Behavioral Therapy for Childhood Traumatic Grief	Allegheny General Hospital Center for Traumatic Stress *Pittsburg, PA*
Trauma Systems Therapy	Boston University Medical Center *Boston, MA*
UCLA Trauma/Grief Program for Adolescents	UCLA National center for Child Traumatic Stress *Los Angeles, CA*
Psychological First Aid	National Child Traumatic Stress Network/National Center for PTSD
Skills for Psychological Recovery	National Child Traumatic Stress Network/National Center for PTSD
Other (Please specify):	
Other (Please specify):	
Other (Please specify):	

Table of NCTSN Products (4)

(Display just a list of product titles; however each one should be hyperlinked. Respondents could click on any product title and they would be routed to a product description).

I. ASSESSMENT MEASURES

NCTSN Core Data Set Measures

Measures included as part of NCTSN Core Data Set are listed below. These include: the Child Behavior Checklist for Ages 1.5-5, the Child Behavior Checklist for Ages 6-18, the Trauma Symptom Checklist for Children, and the UCLA PTSD Index for DSM-IV (Revision 1). If all are being administered, they can be selected as a set or they can be selected individually.

All Core Data Set Measures

Select "All Core Data Set Measures" if you are administering the Child Behavior Checklist for Ages 1.5-5 and/or the Child Behavior Checklist for Ages 6-18; the Trauma Symptom Checklist for Children; and the UCLA PTSD Index for DSM-IV (Revision 1).

All Core Data Set Measures – Spanish Translation
Select "All Core Data Set Measures – Spanish Translation" if you are administering the Child Behavior Checklist for Ages 1.5-5 and/or the Child Behavior Checklist for Ages 6-18; the Trauma Symptom Checklist for Children; and the UCLA PTSD Index for DSM-IV (Revision 1) in Spanish.

Child Behavior Checklist for Ages 1.5-5 (CBCL 1½-5)
The CBCL 1½-5 provides a standardized measure of symptomatology for children ages 1½ through 5, and has been widely used in mental health services research as well as for clinical purposes. The checklist is a caregivers' report of the child's problems, disabilities and strengths. Caregivers report on 99 problem items by indicating if statements describing children are not true, somewhat/sometimes true, or very/often true for their child. Caregivers are also asked three questions that allow them to describe problems, concerns and strengths for the child. The checklist assesses children for seven conditions: 1) emotionally reactive, 2) anxious/depressed, 3) somatic complaints, 4) withdrawn, 5) attention problems, 6) aggressive behavior, and 7) sleep problems. The checklist yields scores that measure children's internalizing and externalizing problems. A "total problem" score can also be generated.

Child Behavior Checklist for Ages 6-18 (CBCL 6-18)
The CBCL 6-18, formerly CBCL 4-18, provides a standardized measure of symptomatology for children ages 6 through 18, and has been widely used in mental health services research as well as for clinical purposes. The checklist is a caregiver report of social competence and behavior and emotional problems among children and adolescents. The behavior problem section documents the presence of symptoms (e.g., argumentativeness, withdrawal, aggression). Although it does not yield diagnoses, the CBCL assesses children's symptoms on a continuum and provides two broadband (i.e., internalizing and externalizing) syndrome scores, eight cross-informant syndrome scores (e.g., attention problems, depressive mood, conduct problems), six DSM-oriented scales, and percentiles for three competence scales (activities, social, school). A "total problem" score can also be generated.

Trauma Symptom Checklist for Children
The TSCC is a self-report measure of posttraumatic stress and related psychological symptomatology in children ages 8-16 years who have experienced traumatic events (e.g., physical or sexual abuse, major loss, natural disaster, witnessing violence). The 54-item TSCC includes two validity scales (Underresponse and Hyperresponse), six clinical scales (Anxiety, Depression, Anger, Posttraumatic Stress, Dissociation, and Sexual Concerns), and eight critical items. The alternate 44-item version (TSCC-A) is nearly identical to the TSCC—it makes no reference to sexual issues (and has no Sexual Concerns scale) and includes seven Critical Items. The TSCC scales are internally consistent (alpha coefficients for clinical scales range from .77 to .89 in the standardization sample) and exhibit reasonable convergent, discriminant, and predictive validity in normative and clinical samples. The TSCC was standardized on a group of over 3,000 inner-city, urban, and suburban children and adolescents from the general population.

Trauma Symptom Checklist for Children – Abbreviated (TSCC-A)
The TSSC-A evaluates acute and chronic post-traumatic stress symptoms in children's responses to unspecified traumatic events across several symptom domains. The TSCC-A is a 44-item self-report measure in which the child indicates how often he/she experiences various thoughts, feelings and behaviors. The measure provides a means of assessing stress symptoms that do not rise to the level of post-traumatic stress disorder (PTSD) diagnosis. The TSSC-A has been standardized on racially and economically diverse children in urban and suburban environments and normed on age and sex. The instrument yields two validity scales and six clinical scales (anxiety, depression, anger, post-traumatic stress, and two dissociation subscales), and eight critical items. The 10 items related to sexual issues are not included in the abbreviated version of the TSSC (Briere, 1996).

UCLA PTSD Index for DSM-IV (Revision 1) – Child, Parent, and Adolescent Versions
The UCLA PTSD Reaction Index for DSM-IV (Pynoos et al., 1998) is a self-report measure that screens for exposure to a wide range of traumatic events and symptoms of post-traumatic stress disorder (PTSD). Versions for children (ages 7-12), adolescents (ages 13-18) and parents are available. These instruments are meant to serve as brief screening tools to provide information regarding trauma exposure and PTSD symptoms, but are not intended to be used in place of a structured clinical interview to definitively establish a PTSD diagnosis. The items of the UCLA PTSD indices are keyed to DSM-IV criteria and can provide preliminary PTSD diagnostic information. The measure has been translated into Spanish.

Additional Measures

Ages and Stages Questionnaires
The Ages & Stages Questionnaires (ASQ) are designed to screen infants and young children for developmental delays during the first 5 years of life. Parents complete the 30-item questionnaires at designated intervals, assessing children in their natural environments to ensure valid results. Each questionnaire covers five key developmental areas: communication, gross motor, fine motor, problem solving, and personal-social. Professionals convert parents' responses to color-coded scoring sheets, enabling them to quickly determine a child's progress in each developmental area. Questionnaires are available in Spanish, French, and Korean.

Beck Anxiety Inventory (BAI)
The Beck Anxiety Inventory (BAI) is a widely used 21-item self-report inventory designed to assess anxiety levels in adults and adolescents. It has been used in multiple studies, including in treatment-outcome studies for individuals who have experienced traumas. Both physiological and cognitive components of anxiety are addressed in items describing subjective, somatic, or panic-related symptoms. The BAI differentiates between anxious and non-anxious groups in a variety of clinical settings. Although the age range for the measure is from 17 to 80, the measure has been used in peer-reviewed studies with younger adolescents aged 12 and older.

Beck Depression Inventory (BDI-II)
The Beck Depression Inventory (BDI-II) is a 21-item multiple choice self-report inventory that is one of the most widely used instruments for measuring the severity of depression. There are three versions of the BDI -- the original BDI, first published in 1961 and later revised in 1971 as the BDI-1A, and the BDI-II, published in 1996. New items bring the BDI-II in compliance with DSM-IV criteria, and the age range has been expanded to 13-80 years of age. The BDI-II is more effective than its predecessors as a measure of the severity of depression in outpatients and short-term inpatients. The BDI is widely used as an assessment tool by healthcare professionals and researchers in a variety of settings.

Child and Adolescent Needs and Strengths (CANS) – Trauma Exposure Adaptation (TEA)
The Child and Adolescent Needs and Strengths (CANS) – Trauma Exposure Adaptation (TEA) is used to assess trauma history, traumatic stress symptoms, emotional and behavioral regulation (e.g., anxiety, depression, self-harm, substance abuse), environmental stability, caregiver functioning, attachment, child strengths and child functioning. The CANS was adapted for trauma exposure by Cassandra Kisiel, Ph.D., National Center for Child Traumatic Stress.

Child Disaster Screen
The Child Disaster Screen assesses aspects of disaster exposure, secondary adversities, and key indicators related to the need for more comprehensive evaluation and intervention. The screening can be useful even if conducted months after a disaster, and can be used by clinics and other entities as they plan for service delivery. Developer: University of Oklahoma, Board of Regents.

Children's Depression Inventory (CDI)
The Children's Depression Inventory (CDI) is a self-rated assessment of depressive symptoms for school-aged children and adolescents. There are 27 items quantifying symptoms such as depressed mood, hedonic capacity, vegetative functions and interpersonal behaviors. It assesses the consequences of depression as they relate to children and functioning in school and with peers. A short form with 10 items can be used when a quick screening is necessary. While both forms are reported to give comparable results, the longer form provides factor scores and generally gives a more robust description of the child's symptoms. The reading level of the CDI is first grade level, the lowest of any measure of depression for children.

Children's Dissociative Experiences Scale and Post-traumatic Symptom Inventory (CDES/PTSI)
The CDES/PTSI includes items adapted from the Dissociative Experiences Scale (Bernstein & Putnam, 1986), and items reflecting DSM-IV Post-traumatic Stress Disorder (PTSD) criteria. PTSD is a common diagnosis for children who have experienced diverse forms of maltreatment (sexual abuse, physical abuse, and/or witnessing domestic violence. This measure has been developed to address the need for a valid measure of post-traumatic symptoms to

differentiate maltreated children who require trauma-specific psychotherapy from those with alternative treatment needs. Maltreatment is often undisclosed, and children are frequently unable to report its connection to psychological sequelae. Recent theory and research suggest that dissociative processes are important in post-traumatic reactions, especially to ongoing, interpersonal, childhood stress. The CDES/PTSI was developed with consideration that attention to dissociative symptoms may be crucial for identifying individual differences among maltreated children. Developer: The Chicago Child Trauma Center at La Rabida Children's Hospital (LRCH).

Community Assessment of Resilience (CART)
The Community Assessment of Resilience Tool (CART) includes a survey and protocol providing for a multiphase assessment process for community members or service sector representatives who wish to enhance their community's resilience and strengthen their community's capacity to respond to current or potential disasters. The CART survey enables respondents to characterize their community across various domains. The CART protocol recommends a collaborative process to identify needs, strengths, and opportunities for improvement using survey and focus group activities; to develop problem solving solutions based on identified needs; to prepare and pilot plans to enact these solutions; and to evaluate the efficacy of the plans and modify them as necessary. The goal is for communities to build long-term community resilience. Developer: University of Oklahoma Terrorism and Disaster Center (Oklahoma City, OK)

Davidson Trauma Scale (DTS)
The Davidson Trauma Scale (DTS; Davidson, 1996) is a self-report measure designed to assess post-traumatic stress disorder (PTSD). The scale consists of 17 symptoms rated for frequency and severity. Research indicates that the measure is internally consistent, reliable, and valid and that it distinguishes between groups with and without PTSD diagnoses (Davidson, Tharwani, & Connor, 2002). The DTS is available in Spanish.

Infant Toddler Social Emotional Assessment (ITSEA)
The Infant Toddler Social Emotional Assessment (ITSEA) assesses social or emotional problems and competencies in infants and toddlers and was designed to identify children with deficits or delays in these areas. It provides a comprehensive profile of problems and competencies with scores on 4 domains: 1) externalizing, 2) internalizing, 3) dysregulation, and 4) competence. Each domain is comprised of a number of subscales. The ITSEA also yields scores on three clusters that include atypical behaviors: maladaptive, social relatedness, and atypical. There are two versions, a parent form and a childcare provider form.

Ohio Scales
The Ohio Youth Problems, Functioning, and Satisfaction Scales (Ohio Scales) are instruments developed to measure outcomes (including problem severity, functioning, hopefulness, and satisfaction) for youth ages 5 to 18 who receive mental health services. Three forms are completed by the youth client, the youth's parent or primary caretaker, and the youth's agency worker. An Ohio Scales User's Manual and Technical Manual are available that describe the conceptualization and development of the Ohio Scales along with scoring and administration procedures, and psychometric data regarding reliability, validity, and sensitivity to change.

Parenting Stress Index (PSI) – Full-length Version
The PSI is a widely used measure of parenting stress, which has been shown to be sensitive to intervention effects across a variety of studies, populations, and treatments. This measure assesses three areas of stress in the parent-child relationship: (a) child characteristics, (b) parent characteristics, and (c) stress stemming from situational or demographic conditions. High levels of stress in the parenting relationship, assessed using the PSI, have been associated with problems in parenting behavior, impaired parent-child behavior, and child psychopathology. The PSI categories may be used toward: "(a) screening for early identification, (b) assessment for individual diagnosis, (c) pre-post measurement of intervention effectiveness, and (d) research aimed at studying the effects of stress on parent-child interactions and in relation to other psychological variables." (Abidin, 1995, p. iv).

Parenting Stress Index (PSI) – Short Form (SF)
The PSI-SF is a brief version of the Parenting Stress Index (Abidin, 1995; see above), a widely used measure of parenting stress. The PSI-SF has 36 items from the original 120-item PSI. Items are identical to those in the original version. The version was developed in response to clinicians' and researchers' need for a shorter measure of parenting stress and was based on Castaldi's (1990) factor analysis of the original PSI, which suggested the presence of three factors. Consistent with this analysis, the PSI-SF yields scores on the following subscales: 1) parental

distress, 2) parent-child dysfunctional interaction, and 3) difficult child. Similar to the full PSI, this version also has a validity scale.

The ProQol Manual: The Professional Quality of Life Scale: Compassion Satisfaction, Burnout & Compassion Fatigue/Secondary Trauma Scales (ProQol)
The ProQOL is an evidenced-based tool designed to help with monitoring both short-term status and long-term program outcomes (Stamm, 2005). The ProQOL also measures the positive and negative aspects of caregiving on those providing care. The short measure is comprised of three 10-item Likert-rated scales: compassion satisfaction, burnout, and secondary trauma/compassion fatigue. It is available in six languages. Developer site: Center for Rural, Frontier and Tribal Child Traumatic Stress Intervention (Pocatello ID)

School Preparedness Screen (SPS)
This assessment of school preparedness builds on work with teaching staff and other personnel following the September 11 attacks and the 2004 hurricanes. The assessment addresses reactions, coping, and personal/family preparedness of teachers and other personnel. It documents teacher, school counselor, and staff perceptions of student reactions, administrative support, and disaster-related activities. It can be used to identify teacher and staff behaviors, knowledge, perceptions, and needs and interests related to preparedness. Aggregate information can be provided to school administration to develop approaches for helping teachers and staff as they work with students. The current version of this screen is for use with teachers, with versions addressing hurricanes and fires. However, the screen can be adapted for any school audience (e.g., administrators, support staff, counselors) and for any disaster. Developer site: University of Oklahoma Terrorism and Disaster Center (Oklahoma City, OK)

Traumatic Events Symptom Inventory (TESI) – Parent Report (PR)
The Trauma Exposure Symptom Inventory-Parent Report (TESI-PR; Ford et al., 2000) is a measure of trauma exposure used with parents of children aged 3 to 18 years. Questions range from queries for accidental trauma to queries of sexual trauma. Parents are asked to indicate whether their child has experienced an event, and if so, to give the child's age(s) when the event(s) occurred and whether the child experienced reactions in response to the stressor such as becoming extremely frightened, confused or helpless, shocked or horrified, or behaving differently after the event was over. The TESI-PR was not designed for use with very young children and it lacks some of the potentially traumatic events of early childhood (e.g., separation from a primary caregiver). The measure was revised to more specifically address children under the age of 6 (see TESI-PRR below).

Traumatic Events Symptom Inventory (TESI) – Parent Report Revised (PRR)
The Trauma Exposure Symptom Inventory-Parent Report Revised (TESI-PRR; Ghosh et al., 2002) is a revision of the original TESI-PR (see above). The new version was developed for specific use with children aged 0-6 years. It is a parent report measure designed to screen for a wide range of potentially traumatic events for children including accidents, abuse, witnessing community and domestic violence, and terrorism. As with the TESI-PR, parents indicate the ages of the child when an event occurred and if the child experienced reactions to the event.

Trauma Symptom Checklist for Young Children (TSCYC)
The Trauma Symptom Checklist for Young Children (TSCYC; Briere, 2000) is a caretaker report measure that can be used for children aged 3 to 12. Caretakers rate each symptom based on how frequently it has occurred in the last month on a 4-point scale. The TSCYC contains eight clinical scales: post-traumatic stress-intrusion, post-traumatic stress-avoidance, post-traumatic stress-arousal, sexual concerns, dissociation, anxiety, depression, and anger/aggression. It also contains a summary post-traumatic stress scale, post-traumatic stress total, and several scales to ascertain the validity of caretaker reports response level and atypical response.

Trauma Related Dissociative Scale (TRDS)
Dissociative symptoms are very common in trauma survivors, and they may not be spontaneously reported. The Trauma-Related Dissociation Scale (Carlson & Waelde, 2000) is a measure of dissociation designed to address this issue.

Youth Services Survey for Families (YSS-F)
The Youth Services Survey for Families (YSS-F) is a consumer satisfaction instrument developed by the Mental Health Statistics Improvement Program (MHSIP), endorsed by the National Association of State Mental Health Program Directors, and currently adopted in roughly 20 states. The survey is designed to measure selected indicators

of consumer satisfaction consistent with national standards for children's mental health services. The utility, reliability and validity of the survey are well-established, and the survey is available in Spanish. This survey was borne out of an initiative sponsored by Center for Mental Health Services and was developed as a collaborative effort by the Children's Indicator Workgroup of Sixteen States Study and consumers.

II. CLINICAL INTERVENTIONS AND TRAUMA-INFORMED APPROACHES

Alternatives for families: A Cognitive-Behavioral Therapy (AF-CBT)
AF-CBT represents an approach to working with physically abused children and their offending caregivers that incorporate conceptual and therapeutic principles/procedures from several areas including learning/behavioral theory, family-systems, cognitive therapy, and developmental victimology. AF-CBT integrates several behavior therapy and cognitive behavioral therapy procedures that target individual child and parent characteristics related to the abusive experience and the larger family context in which coercion or aggression occurs. Treatment emphasizes instruction in specific intrapersonal (e.g., cognitive, affective) and interpersonal (e.g., behavioral) skills designed to promote the expression of prosocial behavior and discourage the use of coercive/aggressive behavior at both the individual and family levels. Developer site: Western Psychiatric Institute and Clinic, Pittsburg, PA.

Adapted Dialectical Behavior Therapy for Special Populations (DBT-SP)
DBT-SP is an 18-session cognitive-behavioral approach originally developed to treat borderline personality disorder that has been adapted to meet the needs of youth with impaired cognitive functioning. This approach addresses general symptoms of trauma rather than a specific trauma. The modifications have not yet been tested to demonstrate their effectiveness. Key components include: emotion regulation, distress tolerance, relationship effectiveness, and mindfulness.

ARC: Attachment, Self-Regulation and Competence
Recognized by the NCTSN as a promising practice, ARC (Kinniburgh, Blaustein, Spinazzola & van der Kolk 2005) is a comprehensive framework for intervention with youth exposed to complex trauma. Intervention is tailored to each client's needs and may include individual and group therapy for children, education for caregivers, parent-child sessions, and parent workshops. ARC is a flexible framework, rather than a protocolized intervention, and identifies three core domains that are frequently impacted among traumatized youth, and which are relevant to future resiliency. Within the three core domains (attachment, self-regulation, and competency), ten building blocks of trauma-informed treatment and service are identified. For each principle, the ARC manual provides key concepts and guiding theoretical structure, educational information for providers and caregivers, specific tools for clinicians, and developmental considerations. ARC is designed for youth from early childhood to adolescence and their caregivers or caregiving systems. Developer site: The Trauma Center at Justice Resource Institute, Allston, MA.

Assessment-Based Treatment for Traumatized Children: A Trauma Assessment Pathway (TAP)
The TAP model incorporates a multifaceted assessment process to enable clinicians to gain an in-depth understanding of traumatized children, their developmental level, their traumatic experience, and the family, community and cultural system in which the child lives. This information is used to effectively triage and treat the child and family and to assist the clinician in making decisions throughout the treatment process. Using the most current information available on best practices in assessment and treatment, the Chadwick Center for Children & Families developed this assessment framework with support from the NCTSN.

Child and Family Traumatic Stress Intervention (CFTSI)
The Child and Family Traumatic Stress Intervention (CFTSI) is a brief intervention designed to decrease the negative impact of children's exposure to potentially traumatic events (PTE). The primary goal of the CFTSI is to prevent a child from developing post-traumatic symptoms and disorders by increasing the child and family's ability to communicate feelings and thoughts effectively and to then enhance parental emotional and behavioral support after a PTE. The secondary goal is to promote referral to appropriate treatment if children's symptoms and difficulties do not diminish. The CFTSI should be implemented soon after a PTE (within 1-2 weeks post event, maximum) and is a 3-to-4-session intervention that can be provided in the family home or clinician's office. The CFTSI attempts to increase the ability of a family, especially parents, to support their child in a number of ways, based on research suggesting that social and family supports are some of the most salient protective factors in preventing negative outcomes for individuals after exposure to PTE. Developer: Yale University.

Child Development-Community Policing Program (CDCP)
The CDCP is a collaborative model enlisting law enforcement and child mental health professionals in support of children and families in the aftermath of crime/violence. It provides crisis intervention and follow-up, including

community- and clinic-based interventions for exposed children. Two specific interventions included as a part of this model are the Domestic Violence Home Visit Initiative, in which outreach advocates and police officers visit families after an incident of domestic violence; and, the Child and Family Traumatic Stress Initiative, a three-session brief intervention designed to help parents support potentially traumatized children more effectively. Developer site: Yale Child Study Center, New Haven, CT.

Child-Parent Psychotherapy (CPP)

Child-Parent Psychotherapy (CPP), manualized by Alicia Lieberman and Patricia van Horn of the San Francisco Early Trauma Treatment Network (ETTN) center, is a dyadic treatment for children ages 0-6 who have experienced a trauma. Parents and children participate in weekly dyadic treatment. Prior to beginning treatment, parents complete a thorough assessment that includes an assessment of the parent's and the child's trauma history. The intervention's goals include increasing real and perceived safety and strengthening the parent and child's relationship and affect regulation capacities. Multiple modalities, including play, are used to help the dyad understand the way the trauma has affected each of them and their relationship and to help them develop a trauma narrative if appropriate. This intervention has been adapted for a variety of populations (e.g., Latinos, African Americans, and families involved with the foster care mental health system).

Cognitive Behavioral Intervention for Trauma in Schools (CBITS)

CBITS is a skills-based group intervention designed to relieve symptoms of post-traumatic stress disorder (PTSD), depression, and anxiety among children exposed to trauma. Children learn skills in relaxation, challenging or upsetting thoughts, and social problem-solving, and work on processing traumatic memories and grief. These skills are learned through the use of drawings and through talking in both individual and group settings. Between sessions, children complete assignments and participate in activities that reinforce the skills they have learned. CBITS also includes parent and teacher education sessions. CBITS has been used in a wide variety of communities. It can be flexibly implemented and addresses barriers such as transportation, language, and stigma. Developer site: Los Angeles Unified School District and UCLA, Los Angeles, CA.

Combined Parent-Child Cognitive-Behavioral Approach for Children and Families At-Risk for Child Physical Abuse

This therapeutic approach combines a cognitive behavioral therapy (CBT) treatment protocol for children and families at risk for physical abuse (Runyon, Deblinger, Ryan, & Thakkar-Kolar, in press) and elements from empirically-supported CBT models for sexually abused children (Deblinger & Heflin, 1996), as well as CBT models targeting families in which physical abuse (Donohue, Miller, Van Hasselt, & Hersen, 1998; Kolko, 1996b; Kolko & Swenson, 2002) and domestic violence (Runyon, Basilio, Van Hasselt, & Hersen, 1998) occur. This approach includes three goals: (1) reduce the recurrence of child physical abuse (CPA) by helping parents learn nonviolent disciplining and anger-control strategies, assisting them in altering faulty beliefs about who is responsible for the abuse, and challenging unrealistic expectations and misattributions about the causality of their children's behavior; (2) decrease children's emotional distress by assisting them in processing their abusive experiences and developing adaptive coping skills; and(3) increase positive parent-child interactions that are necessary for beneficial developmental outcomes for children. Developer site: New Jersey CARES Institute, University of Medicine and Dentistry of New Jersey (UMDNJ-SOM), Stratford, NJ.

Culturally-Modified Trauma Focused Treatment (CM-TFT)

Culturally-modified trauma focused treatment (CM-TFT) was developed for use with Latino children and is based on Trauma-Focused Cognitive Behavior Therapy, with the addition of modules integrating cultural concepts such as familismo, personalismo, respeto, sympatia, fatalismo, and folk beliefs throughout treatment. Developer site: National Crime Victims Research and Treatment Center, Medical University of South Carolina.

Domestic Violence Home Visit Intervention (DVHVI)

The DVHVI project is a partnership between the Yale University Child Study Center and the New Haven Department of Police Service dedicated to increasing safety and security for battered women and their children. The project applies principles of problem-solving, policing, battered women's advocacy and child development to guide teams of police officers and outreach advocates who conduct follow-up home visits to households in which there has been an incident of domestic violence. The DVHVI intervention model is designed to assist in immediate safety planning; provide information regarding the criminal justice system; establish personal contact between families and officers; enhance enforcement of domestic violence laws; and increase parents' awareness of children's responses to

potentially traumatic events. The DVHVI manual includes sufficient detail to enable new sites to implement the intervention model and research staff to evaluate which elements of the intervention are most helpful and to whom, while also allowing staff discretion to respond to the individualized needs of a varied client group. This manual is intended to provide guidance to police officers, outreach advocates, mental health clinicians and research staff involved in implementing and evaluating the DVHVI.

Families Overcoming and Coping Under Stress (FOCUS)
FOCUS, developed by the NCTSN and the Miller Children's Abuse and Violence Intervention Center, is an 8-10 session manualized intervention for families in which one or more of its members has experienced significant trauma, injury or loss. It is one of the only trauma-focused programs that utilizes a family approach to address problems in family, marital, and parental communication, cohesion, and support. It has been used with the families of Marines returning from war-time deployment in Iraq, with families in medical settings in which a child has been severely injured, and in Louisiana for first responders and their families. Core components include: a) identifying/addressing divergent experiences and problems in communication between spouses; b) providing trauma-specific psychoeducation to normalize reactions, enhance mutual support, and promote resiliency; c) constructing parent and family narratives to bridge misunderstandings between family members; and d) training family members in communication, coping, and problem solving.

Health Service System Environmental Scan (HSSES)
The HSSES is a standardized intervention designed to aid individuals and organizations in improving the quality of rural mental health care in mental health clinics, primary care, schools, and other child-serving entities. The HSSES is a multi-phase intervention that involves: a needs and resources assessment; an environmental scan designed to review organizational and community characteristics; intervention planning, development and implementation; and intervention evaluation. Goals of the intervention are tailored to the individuals or organizations served and may include implementation of a specific clinical intervention, strategies to leverage Federal funds, development of anti-stigma campaigns, or other features and objectives. HSSES implementation is intended to be a coordinated effort between the community seeking support and an intervention support team knowledgeable about trauma-focused mental health care, health services systems, and community development. Access to the HSSES intervention is provided through the Rural Child Traumatic Stress Virtual Program Center hosted by the Center for Rural, Frontier, and Tribal Child Traumatic Stress Interventions in Pocatello, Idaho. HSSES was developed by this NCTSN center as part of an NCTSN effort to address rural mental health care.

Honoring Children, Honoring the Future
Honoring Children, Honoring the Future is a suicide intervention and prevention approach for high school and middle school students that includes the American Indian Life Skills Development curriculum for American Indian/Alaskan Native (AI/AN) youth, consultation, and other efforts designed to decrease suicides among AI/AN youth. Developer site: Indian Country Child Trauma Center.

Honoring Children, Making Relatives
Honoring Children, Making Relatives is an adaptation of Parent-Child Interaction Therapy (PCIT) for use with American Indian/Alaska Native (AI/AN) children and their families. PCIT is an evidenced-based treatment model with highly specified, step-by-step, actively coached sessions with both the parent/caregiver and the child. The emphasis is on changing negative parent/caregiver child patterns. Honoring Children, Making Relatives incorporates AI/AN teachings, practices, rituals, traditions, and cultural orientation while maintaining the guiding principles and theory of PCIT. Developer site: Indian Country Child Trauma Center.

Honoring Children, Mending the Circle
Honoring Children, Mending the Circle utilizes traditional American Indian/Alaska Native beliefs and practices about behavior, health, healing, humor and children in the cultural adaptation of Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT) for AI/AN children. TF-CBT is a model of psychotherapy that combines trauma-sensitive interventions with cognitive behavioral therapy. Developer site: Indian Country Child Trauma Center in collaboration with Judy Cohen and Anthony Manarino at Allegheny General Hospital in Pittsburgh, PA, and Esther Deblinger at New Jersey CARES Institute, University of Medicine and Dentistry of New Jersey (UMDNJ-SOM), Stratford, NJ.

Honoring Children, Respectful Ways
Honoring Children, Respectful Ways is an evidence-based treatment model for children with sexual behavior problems designed for American Indian/Alaska Native children and their families. The components of Honoring Children, Respectful Ways include rules about sexual behavior and physical boundaries, age appropriate sex education, strategies that both support children following and using these rules, and learning skills to manage their behavior. This approach was developed by the Indian Country Child Trauma Center in collaboration with Barbara Bonner, Jane Silovsky, Lucy Berliner, and Gene Walker.

Integrative Treatment of Complex Trauma (ITCT)
ITCT is an assessment-driven treatment with standardized trauma-specific measures administered at 3-month intervals to identify symptoms requiring special clinical attention. ITCT is based on developmentally appropriate, culturally adapted approaches that can be applied in multiple settings (outpatient clinic, school, hospital inpatient, etc.) and involve collaboration with multiple community agencies. Among the key components, treatment follows standardized protocols involving empirically-based interventions for complex trauma and includes multiple treatment modalities: cognitive therapy, exposure therapy, play therapy, and relational treatment in individual and group therapy. Therapeutic exposure and exploration of trauma is facilitated in a developmentally–appropriate and safe context, balanced with attention to increasing affect regulation capacities, enhanced self-esteem, and a greater sense of self-efficacy. ITCT incorporates specific approaches for complex trauma treatment including aspects of the Self Trauma model, Trauma-Focused Cognitive Behavior Therapy, and traumatic grief therapy (Saltzman et al., 2003). Developer site: Child and Adolescent Trauma Program, Miller Children's Abuse and Violence Intervention Center.

Kids Dealing with Disasters (KiDD)
KiDD is an intervention designed for children who have been exposed to a disaster. Originally developed for use with children exposed to a hurricane, the intervention has been adapted for use with children who are displaced following a disaster, and can be modified for use with any disaster. KiDD is available in versions for children in elementary, middle, and high school. Designed using a "step-approach," each KiDD module represents a "step" of intervention to use when a child's reactions (safety and security concerns, anxiety, and depression) reflect increasing distress and impairment. KiDD is available in either individual or group format.

Life Skills/Life Stories
Formerly called Skills Training in Affective and Interpersonal Regulation/Narrative Storytelling (STAIR/NST, Cloitre, et al.), Life Skills/Life Stories is a two-module treatment that (1) reduces symptoms of post-traumatic stress disorder (PTSD) and other trauma-related symptoms, including depression and dissociation, and (2) builds and enhances specific social and emotional competencies that are frequently disturbed in youth who have experienced multiple and/or sustained trauma. Developer site: The Institute for Trauma and Stress at New York University Child Study Center, New York, NY.

Psychological First AID (PFA)
PFA is an evidence-informed modular approach for assisting people in the immediate aftermath of disaster and terrorism: to reduce initial distress, and to foster short and long-term adaptive functioning. It is for use by first responders, incident command systems, primary and emergency health care providers, school crisis response teams, faith-based organizations, disaster relief organizations, Community Emergency Response Teams, Medical Reserve Corps, and the Citizens Corps in diverse settings.

Multimodality Trauma Treatment (MMTT)
Multimodality Trauma Treatment (MMTT), also called Trauma-focused Coping, is a skills-oriented, cognitive-behavioral treatment (CBT) approach for children exposed to single-incident trauma and targets post-traumatic stress disorder (PTSD) and collateral symptoms of depression, anxiety, anger, and external locus of control. It was designed as a peer-mediating group intervention in schools, and has been shown to be easily adaptable for use as group or individual treatment in clinic populations as well. Developer site: Center for Child and Family Health/ Duke University, Durham, NC.

Parent-Child Interaction Therapy (PCIT)
PCIT is an evidenced-based treatment model with highly specified, step-by-step, actively coached sessions with both the parent/caregiver and the child. Parents learn skills through PCIT didactic sessions, and, using a transmitter

and receiver system, the parent/caregiver is coached in specific skills as he or she interacts in specific play with the child. Generally, the therapist provides the coaching from behind a one-way mirror. The emphasis is on changing negative parent/caregiver child patterns. Specifically, the goals of treatment include: to improve the quality of the parent-child relationship; to decrease child behavior problems with an increase in pro-social behaviors; to improve parenting skills, including positive discipline; and to decrease parenting stress. Developer site: University of Florida, Gainesville, FL.

Real Life Heroes
Real Life Heroes (Kagan, 2004) utilizes an activity-based workbook to help traumatized children build the skills and interpersonal resources needed to re-integrate painful memories and to foster healing after abuse, neglect, family violence, severe illness, death or loss. This is a phase-oriented curriculum that utilizes creative arts and life story work to engage children and caring adults to rebuild (or build) positive, enduring relationships with committed and caring adults. The curriculum integrates nonverbal and verbal modalities and helps children and caring adults move from a trauma narrative to an identity highlighting mastery and nurturing relationships. Developer site: Parsons Child Trauma Study Center, Albany, NY.

Safe Harbor Program
Developed in 1991, Safe Horizon's Safe Harbor program is a comprehensive program designed to help students, parents, and schools cope with the violence, victimization, and trauma that occurs in their communities. The program utilizes a "safe harbor" room in school as a low stigma, easy access entry point to attract distressed children/youth coping with violence. With a focus on leadership, empowerment, and developing social, emotional, and interpersonal skills, this program offers victim assistance, counseling, and concrete alternatives to violence for individual children as well as provides a trauma-informed approach for schools. Developer site is: Safe Horizon, New York, NY.

Sanctuary Model
The Sanctuary Model, derived from an adult program with a 22-year history, seeks to create a global change in climate for children and adolescents in a residential care setting. Sanctuary is based on four main methods: social learning theory, trauma theory, nonviolence, and complexity theory. Two core components are the creation and maintenance of a nonviolent, democratic, therapeutic community and psycho-educational exercises and modules that promote a common language for staff and residents to use when discussing the impact of trauma on the resident. The program is meant to apply to a broad range of traumatized and troubled children and is organized around four core tasks associated with recovery: the ability to (1) maintain safety; (2) manage emotions, and (3) deal with loss, in conjunction with (4) envisioning a better future - summarized in the acronym S.E.L.F. The program structure seeks to involve staff at all levels in working on these tasks. The program is designed to be transformative for children and staff and can be introduced into existing residential settings in a progressive fashion. Developer site: Andrus Children's Services, Jewish Board of Family and Children's Services, Westchester County, NY.

Skills Training in Affective and Interpersonal Regulation/Narrative Storytelling (STAIR/NST) – *see Life Skills/Life Stories*

Streetwork Project
Since 1984, Safe Horizon's Streetwork Project has been providing refuge and essential services to homeless and runaway youth in New York City. The Streetwork Project model is based on a harm reduction philosophy that focuses on building trust and fostering self-esteem to empower youth to change their high-risk behaviors. This program provides counseling, stabilization, and case management and focuses on enhancing individuality for homeless, street-involved youth. Developer site: Safe Horizon, New York, New York.

Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS)
SPARCS is a 22-session group intervention for adolescents exposed to chronic types of traumatic stressors who have developed problems in the following areas of functioning: affect regulation and impulsivity, dissociation, self-perception, relations with others, somatization, and loss of systems of meaning. SPARCS is predominantly cognitive-behavioral and present-focused and teaches skills to foster resilience. Overall goals of the program are to address the three "C's" to enhance the adolescent's ability to Cope more effectively in the moment, Cultivate consciousness, Creating connections and meaning. Developer site: Adolescent Trauma Treatment Development Center, North Shore University Hospital, Manhasset, NY.

Trauma Affect Regulation: Guidelines for Education and Therapy for Adolescents and Pre-Adolescents (TARGET-A)
TARGET-A is a promising treatment for traumatic stress related to child physical or sexual abuse, exposure to domestic or community violence, and traumatic loss. TARGET groups involve 3-12 sessions (adapted to the setting), teaching skills for bodily self-regulation, affect regulation, autobiographical and working memory (information processing), interpersonal problem solving, and stress management with didactic and nonverbal experiential exercises. This practice can be provided as individual therapy or case management (including parents in some separate and some conjoint sessions), which involves teaching the same skill set in a 10-12 session protocol. Developer site: University of Connecticut School of Medicine.

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)
TF-CBT is designed to address the unique biopsychosocial needs of children with post-traumatic stress disorder (PTSD) or other problems related to traumatic life experiences, and their parents or primary caregivers. TF-CBT is a model of psychotherapy that combines trauma-sensitive interventions with cognitive behavioral therapy. Children and parents are provided knowledge and skills related to processing the trauma; managing distressing thoughts, feelings, and behaviors; and enhancing safety, parenting skills, and family communication. Developer site: Allegheny General Hospital Center for Traumatic Stress in Children and Adolescents, Pittsburg, PA and New Jersey CARES Institute.

Trauma-Focused Cognitive Behavioral Therapy for Childhood Traumatic Grief (TG-CBT)
TF-CBT for Childhood Traumatic Grief is designed to address the unique biopsychosocial needs of children with post-traumatic stress disorder (PTSD), childhood traumatic grief (CTG), and depressive, anxiety, and behavior problems in children with CTG as well as to improve PTSD, depressive, and CTG symptoms in their parents or primary caretakers. Developer site: Allegheny General Hospital Center for Traumatic Stress

Trauma-focused Coping – *see Multimodality Trauma Treatment (MMTT)*

Trauma Grief Component Therapy for Adolescents (TGCT-A)
Formerly known as the UCLA Trauma/Grief Program for Adolescents: Component Therapy for Trauma and Grief (CTTG), TGCT-A is a manualized treatment for trauma-exposed or traumatically bereaved older children and adolescents that can be implemented in schools, community mental health settings, or other service settings. The program has been implemented with a wide range of trauma-exposed and traumatically bereaved older child and adolescent populations, in both the U.S. and international settings. These populations include youth impacted by community violence, traumatic bereavement, natural and man-made disasters, war/ethnic cleansing, domestic violence, witnessing interpersonal violence, medical trauma, serious accidents, physical assaults, gang violence, and terrorist events. Developer site: UCLA National Center for Child Traumatic Stress.

Trauma Systems Therapy (TST)
TST provides a framework for organizing a series of empirically-validated interventions to address the real-world needs of children facing considerable adversity. It is designed to help children and families where there is ongoing stress in the social environment. TST intervention typically involves two elements: (1) a child with difficulty regulating his or her emotional state; and (2) a system of care that cannot effectively support the child in regulating his or her response to the social environment. It is a community-based approach designed to enhance the ability of the child to regulate emotional and behavioral responses to social environmental stressors, and to address barriers toward families' engagement in treatment. TST may be used in community settings with populations facing significant, ongoing stressors. Developer site: Boston University Medical Center, Boston, MA.

UCLA Trauma/Grief Program for Adolescents: Component Therapy for Trauma and Grief (CTTG) – *see Trauma Grief Component Therapy for Adolescents (TGCT-A)*

III. INFORMATION RESOURCES

Audiovisual Media

Children of War: Video and Resource Guide
The NCTSN *Children of War – a Video for Educators* is a 30-minute program about the experiences of refugee children. The first portion is a segment from the play *Children of War*, which features adolescent refugees telling their stories of war, traumatic loss, and relocation to the U.S. The second part of the video explains aspects of refugee trauma and the ways in which these traumatic experiences affect children in schools. A written guide contains discussion questions, suggested ways that teachers and administrators can help refugee/immigrant children in their schools, and additional resource materials.

Congressional Briefing: Ethnic Minority Children Experiencing Traumatic Events—A Video
This product is a video of a congressional briefing held on November 16, 2005, sponsored by the American Psychological Association (APA). Barbara Bonner, Director of the Indian Country Child Trauma Center in Oklahoma and Alicia Lieberman, Director of the Child Trauma Research Project and Early Trauma Treatment Network in San Francisco, represented the NCTSN and discussed the impact of trauma on American Indian and young children specifically, and on ethnic minority children generally. Other topics included the impact of specific traumatic events, including Hurricane Katrina, community violence, and the impact of multiple traumatic events.

Healing Traumatized Children and Families: Collaboration in the NCTSN—A DVD
This 22-minute DVD was developed to educate the public, professionals, agency administrators, public policy makers, and others about child traumatic stress and the importance of effective treatment for traumatized children and their families. For maximum flexibility and use with different audiences, this DVD includes two short versions, chapter headings, and captioning for individuals who are deaf or hearing impaired. The DVD is available in English and Spanish. Developers: Child Traumatic Treatment Network of the Intermountain West (CTTN-IW), the Primary Children's Medical Center for Safe and Healthy Families of the University of Utah, and the National Center for Child Traumatic Stress.

Promise DVD
This DVD was developed to provide information about the impact of child sexual abuse, to emphasize the importance of including parents/caretakers in treatment, and to highlight the need for children in therapy to learn specific skills to deal with what has happened to them and to talk about the details of their sexually abusive experiences. The Promise DVD is targeted primarily to individuals who refer sexually abused children to therapists. It is also useful for parents and caretakers of sexually abused children and therapists who treat sexually abused children.

Relationship Between Adverse Childhood Experiences to Adult Health Status—A CD/DVD
This CD/DVD combination includes a presentation by Vincent Felitti from the 2003 “Snowbird Conference” of the Child Trauma Treatment Network of the Intermountain West. PowerPoint slides, articles and a list of publications associated with that presentation are available as a comprehensive package of information.

Students and Trauma—A DVD
The Los Angeles Unified School District Treatment and Services Center and the Terrorism and Disaster Center at the University of Oklahoma Health Sciences Center have partnered to create a video on DVD aimed at educating teachers, school administrators, and other school staff about the prevalence of trauma and the ways that trauma effects children. This video is designed to increase awareness of child-trauma issues, and also provide school staff with the knowledge and resources to act if they believe a child has experienced trauma. The video educates viewers about varying sources of trauma, such as episodes of school violence or disasters and terrorism.

Briefs: Culture and Trauma Series

Culture and Trauma Brief (Vol. 1, No. 1): Promoting Culturally Competent Trauma-Informed Practices
This 3-page brief produced in 2005 highlights the need for clinicians and policy makers to understand the links between trauma and culture. Cultural competence in trauma treatments and practices is conceptualized broadly, to encompass race, ethnicity, immigrant status, sexuality, urbanity and rurality, and disability. NCTSN Core Data Set data on prevalence and treatment of trauma among diverse populations of children are presented, along with a description of the Network's broader view of culture and availability of expertise.

Culture and Trauma Brief (Vol. 1, No. 2): Trauma Among Lesbian, Gay, Bisexual, Transgender, and/or Questioning Youth
This 3-page brief produced in 2006 provides information about the risks of trauma exposure among lesbian, gay, bisexual, transgender, or openly questioning (LGBTQ) youth, statistics on trauma experienced by these youth, and consideration for treatment. This brief also provides guidance for therapists related to providing culturally competent care.

Culture and Trauma Brief (Vol. 1, No. 3): Translation of English Materials to Spanish
This 4-page brief produced in 2006 offers recommendations for translating materials from English to Spanish in order to develop Spanish resources that are culturally competent and capture valid and reliable information.

Culture and Trauma Brief (Vol. 1, No. 4): NCTSN Resources on Culture and Trauma
This 4-page brief produced in 2006 provides a comprehensive update on the NCTSN's culturally-informed resources on child trauma. The Network recognizes that ethnicity, gender identity and expression, spirituality, race, immigration status, and a host of other factors affect not just the experience of trauma but help-seeking behavior, treatment, and recovery.

Culture and Trauma Brief (Vol. 2, No. 1): Trauma Among Homeless Youth
This 7-page brief produced in 2007 discusses the challenges traumatized youth face when they are living on the street, the types of trauma experienced by runaway and homeless youth, the consequences of trauma and homelessness, and considerations for intervention and treatment.

Culture and Trauma Brief (Vol. 2, No. 2): Organizational Self-Assessment for Cultural and Linguistic Competence
This 6-page brief produced in 2007 provides an overview of organizational cultural and linguistic competence, organizational assessment for cultural and linguistic competence, and related resources. This brief was developed with consideration that the goal of eliminating disparities in service quality and access to care is accomplished through enhancement of the provision of culturally and linguistically competent mental health services.

Culture and Trauma Brief (Vol. 2, No. 3): Preliminary Adaptations for Working with Traumatized Latino/Hispanic Children and Their Families
This 8-page brief produced in 2007 provides guidance for establishing and maintaining therapeutic relationships with Hispanic/Latino children and families. This brief also provides background statistical information on trauma among this population.

Fact Sheets, Checklists, and Brochures

American Indian Fact Sheet
This fact sheet addresses issues related to trauma in populations of Native American children. Developer site: Indian Country Child Trauma Center, University of Oklahoma Health Sciences Center.

Checklist for School Personnel to Evaluate and Implement the Mental Health Component of School Crisis / Emergency Plans
This 2-page checklist is designed to assist school personnel in assessing the mental health component of schools' Crisis and Emergency Preparedness Plans. The checklist can be used to assist in assessing the school's preparedness to handle a crisis or disaster, including the ability of the school to respond to the immediate and long-term psychological effects on students, their families, and staff after a crisis or disaster.

Facts on Trauma and Deaf Children
This 11-page fact sheet presents an overview of issues related to traumatic stress among children with deafness or hearing loss, including statistical information regarding the incidence of trauma for this population, suggestions for clinicians to modify treatment to meet the needs of this population, and key policy and research issues.

Facts on Trauma and Homeless Children
This 6-page fact sheet provides background on issues related to trauma among homeless children, including topics such as the demographic composition of the homeless in America, how trauma intersects with the lives of homeless children, how programs and services can assist families exposed to trauma, how clinicians can provide trauma-specific services to people experiencing homelessness, and directions for further information and resources.

Facts on Traumatic Stress and Children with Developmental Disabilities
This 13-page fact sheet provides background information regarding developmental disabilities, including statistical information regarding the incidence of trauma for this population, special characteristics of the population that may influence the incidence of trauma, possible reasons for a higher incidence of mental illness for clients with developmental disabilities, suggestions for modifying evaluation and therapy to meet the needs of this population, and suggestions for therapy.

Family Preparedness: Thinking Ahead
This 2-page guide includes tips designed to assist families in developing a safety plan so that they are prepared in the event of disasters. The guide is available in a wide variety of languages.

Helping Children and Families Cope with Hurricanes
Developed by the Louisiana Rural Trauma Services Center in New Orleans, LA, this brochure offers parents and other adults tips to help children cope with hurricanes. It lists signs of traumatic stress in children of different ages, and also advises adults in self-care measures.

Parent Guidelines for Helping Students After a Hurricane
This 3-page fact sheet is designed to help parents understand children's traumatic stress reactions in the aftermath of a hurricane. This fact sheet is also available in Spanish.

Parenting Tips for Military Families
Created by the Jewish Family and Children's Services center at the Child and Adolescent Traumatic Stress Services Center of Southern Arizona in Tucson, AZ, this collection of tip sheets is designed to assist families in coping with the deployment of parent(s) in maintaining healthy relationships with their children.

Staying Safe: My Hurricane Plan
Developed by the Louisiana Rural Trauma Services Center of the Early Trauma Treatment Network, this 9-page booklet is directed at children living in hurricane-prone areas and/or who lived through Hurricane Katrina. It explains what hurricanes are, their effects, and how to make safety plans during hurricane season.

Talking to Children About War and Terrorism
This 5-page fact sheet offers guidance to parents about how to talk with their children about terrorism and war. Topics include: age-specific responses to trauma; approaches to handling media coverage; fostering resilience; and reactions among children of military families.

Teacher Guidelines for Helping Students After a Hurricane
This 3-page fact sheet is designed to assist teachers in understanding traumatic stress reactions in their students following a hurricane. The fact sheet offers advice regarding approaches to developing lesson plans in the wake of such an event as well as advice for teachers to attend to their own reactions.

The 3R's of School Crises and Disasters
Presented on 3 Web pages of the NCTSN Web site, this product is designed to assist school administrators in understanding the "3 R's" of both natural and human-created school crises: (1) readiness, (2) response, and (3) recovery.

Tips for Families on Anticipating Anniversary Reactions to Traumatic Events (2002)
This 2-page fact sheet offers advice about how to recognize and minimize negative reactions to the anniversaries of traumatic events in the lives of children. This fact sheet was developed collaboratively by the National Center for Child Traumatic Stress and the Federation of Families for Children's Mental Health.

Tips for Media Covering Traumatic Events (2004)
This 3-page fact sheet offers advice to members of the media on the topic of reporting traumatic events in a manner that avoids sensationalism, enhances safety, and respects survivors.

Tips for Parents and Caregivers on Media Coverage of Traumatic Events (2004)
This 3-page fact sheet helps adults understand how media coverage of disasters and other traumatic events can affect children, and offers advice on limiting media exposure, answering children's questions, and planning for anniversary coverage of 9/11 and other events. A section entitled "When you and your children are part of the story" is aimed at families who have been directly affected by traumatic events that have been heavily covered by the media.

Toolkits

How Schools Can Help Students Recover from Traumatic Experiences–A Toolkit
This toolkit provides assistance for schools attempting to help students recover from traumatic experiences such as natural disasters, exposure to violence, abuse or assault, terrorist incidents, and war and refugee experiences. It focuses on long-term recovery as opposed to immediate disaster response. To help schools choose an approach that suits their needs, the tool kit provides a compendium of programs for trauma recovery, classified by type of trauma (such as natural disaster or exposure to violence). Within each trauma category, information is provided that facilitates program comparisons across several dimensions, such as program goals, target population, mechanics of program delivery, implementation requirements, and evidence of effectiveness. Developed after hurricanes Katrina and Rita, the toolkit was used as part of a research project aimed at helping students displaced by these natural disasters. It was subsequently revised to reflect lessons learned about the kind of information schools needed most and updated to include additional programs uncovered during the research project. Developer: L.A. Unified School District.

Pediatric Medical Traumatic Stress Toolkit for Health Care Providers
This toolkit was produced by the NCTSN Medical Traumatic Stress Working Group and is designed to (1) raise awareness among health care providers about traumatic stress associated with pediatric medical events and medical treatment, as it may affect children and families; and, (2) promote "trauma-informed practice" of pediatric health care in hospital settings across the continuum of care and in a variety of settings within the hospital - e.g., from emergency care, to specialized inpatient units, to general pediatrics. This compendium of materials is designed for hospital-based health care providers such as physicians, nurses, and other health care professionals. The materials may also be of use to mental health professionals who work in health care settings. The materials provide an introduction to traumatic stress as it relates to children facing illness, injury, and other medical events; practical tips and tools for health care providers; and, handouts that can be given to parents that present evidence-based tips for helping their child cope.

Understanding Links Between Adolescent Trauma and Substance Abuse: A Toolkit for Providers
The toolkit was created by the Adolescent Trauma and Substance Abuse Committee of the National Child Traumatic Stress Network and published in April 2007. It contains materials for health care providers, parents, and teenagers, and is designed to raise awareness about the needs of youth with traumatic stress and substance abuse problems and to promote evidence-based practices in clinical settings. This product is also meant to serve as a training guide for providers working with this population.

Child Welfare Trauma Training Toolkit
This toolkit is designed to increase basic knowledge, skills and attitudes for child welfare workers about the impact of trauma on children in the child welfare system. The purpose is to assist in the understanding and identification of child traumatic stress, assessment of risk and symptoms related to trauma, and development of trauma-sensitive case plans and referral to services. The training toolkit consists of (1) a Comprehensive Guide—a reference guide designed to enhance knowledge and attitudes about child traumatic stress and its relation to child welfare practice, (2) Case Vignettes and Exercises --designed to help child welfare professionals apply this knowledge and build skill, and, (3) Trainers Guide -- outlines how these toolkit components can be utilized in the context of training. Developed primarily for trainers and supervisors in the child welfare system, this product could be accessed by various State child welfare system trainers for incorporation into existing state-level training or by direct service providers to enhance their practice.

Resource Parent Curriculum
The *Resource Parent Curriculum*, a complement to the Child Welfare Trauma Training Toolkit, aims to teach basic knowledge, skills, and values about caring for children and adolescents who are in foster care and who have experienced traumatic stress.

White Papers, Guides And Reports

Addressing the Trauma Treatment Needs of Children Who Are Deaf or Hard of Hearing and the Hearing Children of Deaf Parents
The intent of this 69-page white paper is to enhance opportunities for deaf and hard of hearing children who experience traumatic stress to receive treatment tailored to their individual, cultural, and communicative needs. Although it can be argued that the ideal best practice in treating deaf and hard of hearing children involves specialized service interventions delivered by deaf, hard of hearing, and/or sign-fluent clinicians, the reality is that providers with these skills are often unavailable.

Assessing Exposure to Psychological Trauma and Post-traumatic Stress in the Juvenile Justice Population
This 9-page white paper summarizes findings on the prevalence of post-traumatic stress disorder (PTSD) in the juvenile justice population; describes measures for assessing trauma or PTSD; and reviews developmental and ethnocultural factors, and related considerations.

Building Community Resilience for Children and Families
This 84-page guidebook provides comprehensive information about building community resilience, helping communities improve their capacity to respond effectively to natural or man-made disasters or acts of terrorism. This guidebook was developed with consideration that, to be most effective, community plans must address the emotional well-being of residents including children. Putting strategies in place before an incident occurs enhances the community's ability to improve its outcomes after an event. Developer: the University of Oklahoma Terrorism and Disaster Center.

Child Clinicians and the Media: A Guide for Therapists
This guide is designed to improve effectiveness of clinicians working with trauma survivors and the media with consideration that children and families affected by trauma are routinely covered by the media. Topics include: 1) victims and families: how can you help victims and families who are approached by the media or want to approach the media? 2) Journalists: How can you be more helpful as a news source? 3) Community: How can you improve community knowledge about trauma and trauma-focused programs for children?

Children's Advocacy Center (CAC) Director's Guide to Mental Health Services for Abused Children
An NCTSN interest group was formed to raise the standard of trauma-specific mental health care within Children's Advocacy Centers (CACs) and those mental health agencies with whom the centers partner in communities. CACs are community-based organizations that bring together professionals and agencies as multidisciplinary teams to investigate and prosecute child abuse. They offer a comprehensive approach to services for child abuse victims and their families and emphasize coordination of investigations in order to minimize re-traumatization of children and families. This interest group produced a guide for CAC directors focused on improving the quality of mental health services for abused children. The National Children's Alliance is a membership organization providing services and accreditation to over 500 CACs nationwide.

Childhood Traumatic Grief Educational Materials
The NCTSN Childhood Traumatic Grief taskforce developed *Childhood Traumatic Grief Educational Materials*, a 33-page guide presenting an overview of childhood traumatic grief, a condition that can affect children's development, relationships, achievement, and later effectiveness in life. The guide describes normal grief and the grieving process, defines psychological trauma, describes how traumatic experiences can affect children, and explains the differences between normal and uncomplicated grief and childhood traumatic grief. The document has been tailored in versions designed for medical and mental health professionals, parents/caregivers, educators/school personnel, and the news media.

Complex Trauma in Children and Adolescents
This product is a white paper developed by the NCTSN Complex Trauma Task Force, which includes representatives from twelve Network centers. The 41-page document provides an overview of issues related to complex trauma in children, including topics such as the definition of complex trauma, the cost of complex trauma, diagnostic issues for complex trauma in children exposed to complex trauma, the impact of complex trauma on development, adaptation to complex trauma in familial context, adaptation to complex trauma in ethnocultural context, coping and protective factors, approaches to comprehensive assessment of complex trauma in children, approaches to treatment of complex trauma in children, and recommendations and future directions.

Finding Funding: A Guide to Federal Sources for Child Traumatic Stress and Other Trauma-Focused Initiatives
This 122-page guide lists Federal funding sources that can potentially support child trauma services. The guide is designed for policy and program leaders seeking to ensure that children have access to an array of trauma-focused services, and provides guidance on accessing Federal funds and strategies for maximizing Federal funds and building partnerships. The guide has been developed with consideration that sustaining effective trauma services requires that program leaders engage in a variety of financing strategies to mobilize the resources necessary to support their efforts over time. Federal grant programs offer a potentially important source of revenue for starting, operating, and sustaining child traumatic stress initiatives.

Focal Point, Winter 2007: Traumatic Stress/Child Welfare
This issue of Focal Point focuses on child traumatic stress, particularly the kinds of stress most commonly experienced among children and adolescents who are involved with the child welfare system. The Research and Training Center on Family Support and Children's Mental Health at Portland State University and the NCTSN have worked together to develop this summary of what is currently known about the effects of child traumatic stress and the most effective treatments. Examples of article titles in this special issue include: Traumatic stress and the child welfare system; Complex trauma in children and adolescents; Evidence-based treatment for children in child welfare; and Adapting evidence-based treatments for use with American Indian and Native Alaskan children, among others.

Helping Children in the Child Welfare System Heal From Trauma: A Systems Integration Approach
This 41-page report presents the results of a survey conducted among State agencies that become involved in cases of child maltreatment (such agencies include family courts, foster parent associations, foster care agencies, mental health agencies, and others that are not first responder agencies such as law enforcement and child protective services). The survey was used to assess (1) the ways the agencies gather, assess, and share trauma-related information and (2) the basic training about child trauma their staffs receive. The goal was to determine how the various service systems communicate with each other about trauma and whether, alone or through interaction, the agencies unintentionally re-traumatize the child or promote the child's healing following a traumatic event. The

survey data represents 53 agencies in 11 communities, and is a first step in a larger project. The goal is to identify gaps in communication among agencies and systems and to develop training and educational materials to improve collaboration on issues associated with child maltreatment and trauma.

Juvenile and Family Court Journal: Special Issue—Child Trauma
Written and edited by NCTSN members and members of the National Council of Juvenile and Family Court Judges, this special edition of the *Juvenile and Family Court Journal* (Winter 2006, volume 57, number 1) is devoted to examining child trauma as it affects both dependency and delinquency issues that come before the court. Examples of article titles in this special issue: Children Exposed to Domestic Violence: Making Trauma-Informed Custody and Visitation Decisions, The Impact of Trauma on Child Development, Medical Evidence and Expert Testimony in Child Sexual Abuse, Pathways From Traumatic Child Victimization to Delinquency: The Implications for Juvenile and Permanency Court Proceedings and Decisions, and so on.

Mental Health Interventions for Refugee Children in Resettlement: White Paper II
This 32-page white paper summarizes the research on the mental health needs of refugee children, and proposes that because of the complexity of needs of refugee children described in the literature, a comprehensive mental health services approach is needed. Preliminary data gathered from the NCTSN sites providing such services to refugee children is presented (Benson, 2004). The paper discusses the nature and design of an ideal comprehensive mental health service model for refugees, identifies necessary components of such a comprehensive model, reviews the literature for guidance, and provides recommendations for next steps toward improving standards of mental health care for traumatized refugee children.

Psychological First Aid Field Operations Guide, 2nd Edition
Psychological First Aid (2nd edition), developed by the NCTSN and the National Center for PTSD, is an evidence-informed approach for assisting children, adolescents and families in the aftermath of disaster and terrorism. It is designed to reduce initial distress caused by disasters and to foster short- and long-term adaptive functioning and coping. The modular approach includes 8 core actions: contact and engagement, safety and comfort, stabilization, information gathering, practical assistance, connection with social supports, information on coping, and linkage with collaborative series. The Psychological First Aid package includes the Field Operations Guide, a brief Overview of the guide, Appendices, and handouts for survivors.

Review of Child and Adolescent Refugee Mental Health
This 49-page white paper, developed in 2003, builds on previous reviews of refugee mental health and discusses up-to-date empirical studies of pathology, services for refugees, and unique populations of child and adolescent refugees. The data and treatments described are organized by phase of the refugee experience and contextualized in cultural and developmental frameworks. Adaptation and adjustment of refugees, with particular emphasis on coping and use of available resources, are also reviewed.

Thinking Broadly: Financing Strategies for Child Traumatic Stress Initiatives
This 44-page white paper is intended to assist NCTSN center leaders and program developers in addressing challenges in program financing. The brief presents general principles to guide the selection of financing strategies and outlines an array of approaches to finance interventions for traumatized children and adolescents. It also provides considerations to help initiative leaders select financing strategies that closely align with their program goals, available resources, and the political and economic environments in which they work. Although applicability may vary from one program to another, the broad principles and strategies that are outlined in this brief are relevant to a wide array of programs.

Trauma Among Girls in the Juvenile Justice System
This 8-page white paper describes that trauma-sensitive and gender-specific programming and treatment models are needed in order to prevent re-traumatization of girls in the juvenile justice system. The treatment models should provide girls with developmentally reparative experiences that address not only post-traumatic stress disorder (PTSD) but also issues of identity, trust, safety, body image, physical self care, affect regulation, peer group selection and engagement, and sexuality. Programs should screen for and address issues related to physical and sexual violence, HIV/AIDS, pregnancy, and drug and alcohol dependency. In addition, the high prevalence of girls from minority ethnocultural groups indicates the need for culturally specific services.

Trauma-Focused Interventions for Youth in the Juvenile Justice System
This 9-page white paper discusses approaches to assessing and treating trauma-exposed youth in the juvenile justice system, and includes sections regarding: pretreatment assessment, trauma-focused interventions, treatment of co-occurring disorders, family-based interventions, and group-based interventions.

Understanding Child Traumatic Stress
This 12-page resource provides a comprehensive explanation of the causes, nature, and treatment of child traumatic stress. The on-line, available on the NCTSN website, version features sidebars and links to more information on types of child traumatic stress. This resource is available in English and Spanish.

Victimization and Juvenile Offending
This 12-page report explores the links between witnessing or suffering physical violence and offending on the part of juveniles. It describes the significant effect that victimization can have on behavior, attitudes, and functioning of adolescents, and describes steps that judges, teachers, counselors and other professionals can take to mitigate these effects.

Wallet Cards

Aid Worker Pocket Card
Created by the Center for Rural, Frontier and Tribal Child Traumatic Stress Intervention in Pocatello, Idaho, this pocket card is intended for distribution to emergency, mental health, protective services and other workers who respond to disasters and crises. It has been used during several emergencies, including Hurricanes Katrina and Rita, and advises aid workers regarding strategies for self-care in the face of difficult work. These strategies are based on research and the experiences of others working in crisis settings.

Family Preparedness Wallet Card
This wallet card is designed to assist families in organizing important telephone numbers that can be quickly referenced in case of an emergency. The card is available in a variety of languages.

Safety Planning Cards
These safety planning cards were developed for children exposed to domestic violence, sexual abuse or those suffering from serious mental illness. They are designed to be carried in a child's pocket or wallet as a reminder of his/her personal safety plan including phone numbers to use in a crisis. Developer: Family and Children's Services at Oklahoma Child Traumatic Stress Treatment Collaborative (Tulsa OK)

Web Pages

Culture and Trauma/Culture Counts
The "Culture and Trauma" Web page of the National Child Traumatic Stress Network Website contains links to sources of information about cultural competence, including a comprehensive list of definitions, references and resources. This information is designed to promote cultural competence in mental health services delivery in a number of ways, including improvement of access to quality care in geographically remote areas; overcoming shame, stigma and discrimination in seeking mental health services; developing and evaluating culturally responsive services; engaging consumers, families and communities in developing services; strengthening families; and building on natural supports (e.g., spirituality, positive ethnic identity).

Measure Review Database
Available on the NCTSN Web site, the Measure Review database is a growing database of assessment and screening tools designed to measure children's experience of trauma, their post-traumatic reactions, and the impact of trauma across a range of developmental domains. Each review of a measure includes: basic information about the measure, and how to obtain a copy; a general description of the measure, its format, and how it is administered and scored; and information about scales and sample items. Search terms can be entered, and the database identifies measures

that meet the search criteria. A short review is also available on the Web site as well as a glossary of terms describing psychometric terms that appear in the reviews.

Parenting in a Challenging World

This resource is presented as a series of Web pages on the NCTSN Web site, and includes print and video material as well as discussion of issues parents and caregivers face in attempting to support and care for a child that has experienced a traumatic event. These pages address the topic with the support of film clips from the documentary, "Surviving September 11th: The Story of One New York Family." Although the film addresses one type of trauma (terrorist attack), this resource uses this event and the experiences of the families depicted in the film to illustrate the fears, reactions, hopes, and recoveries that families often experience after a traumatic event.

IV. TRAINING MATERIALS AND TECHNICAL ASSISTANCE RESOURCES

Administration and Scoring of the UCLA PTSD Reaction Index for DSM-IV (Revision 1): A Video
This training tool is a video presentation for mental health professionals that use the UCLA PTSD Reaction Index (the video lasts 1 hr. 24 min.). The presentation covers the diagnosis of PTSD in DSM-IV, the development of the instrument, guidelines for administration and scoring, its use in different settings and populations, and symptom profiles. The video contains links to the assessment instrument and other related materials. This product is also available on DVD from the National Resource Center.

Better Todays, Better Tomorrows—School, Parent, and First Responder Editions
Better Todays, Better Tomorrows is designed to 1) decrease suicide and improve mental health outcomes among children and youth by increasing timely and appropriate treatment, and 2) improve the mental health of children and youth. The program offers training to help adults identify signs and symptoms of mental disorders in children and youth in order to obtain timely and appropriate services for children and youth in their care. Training sessions provide information about child traumatic stress, mental illnesses and suicide risks to parents, school staff, and other professional and volunteer community gatekeepers. Specifically, sessions address signs and symptoms of child trauma and other mental disorders, suicide risk and protective factors as well as prevention, stigma as a barrier to treatment seeking, treatment methods, and financing treatment. The program involves one 6.5 hour training session, with annual booster follow-ups and Internet-based informational and training materials provided over time to maintain message awareness and integrity. Training manuals have been developed in versions specifically tailored for schools, parents, and first responders. Developer site: Idaho State University Institute of Rural Health

Child Abuse School Liaison Program Materials
The Child Abuse School Liaison Program (CASL) is a training and consultation program designed to provide school personnel such as teachers, guidance counselors, school nurses and principals with information to increase recognition and prevention of child abuse. The CASL program is designed to increase educators' knowledge about child maltreatment, improve their ability to recognize child abuse and neglect, teach them how to respond appropriately to disclosure, and help them better understand their mandated reporting responsibility. CASL programs have been implemented in child advocacy centers, but any youth-serving agency with an interest in helping school personnel respond to child abuse could establish a CASL program. The materials provide a detailed description of the CASL program for implementation in communities. The packet includes training materials for school personnel, a CD-based video that can be used in training and an implementation manual that describes how to start a CASL program. These materials are offered by the National Crime Victims Research and Treatment Center at the Medical University of South Carolina and the Dee Norton Lowcountry Children's Center.

Child Welfare Trauma Training Toolkit
This toolkit is designed to increase basic knowledge, skills and attitudes for child welfare workers about the impact of trauma on children in the child welfare system. The purpose is to assist in the understanding and identification of child traumatic stress, assessment of risk and symptoms related to trauma, and development of trauma-sensitive case plans and referral to services. The training toolkit consists of (1) a Comprehensive Guide—a reference guide designed to enhance knowledge and attitudes about child traumatic stress and its relation to child welfare practice, (2) Case Vignettes and Exercises --designed to help child welfare professionals apply this knowledge and build skill, and, (3) Trainers Guide—outlines how these toolkit components can be utilized in the context of training. Developed primarily for trainers and supervisors in the child welfare system, this product could be accessed by various State child welfare system trainers for incorporation into existing state-level training or by direct service providers to enhance their practice.

Resource Parent Curriculum
The *Resource Parent Curriculum*, a complement to the Child Welfare Trauma Training Toolkit, aims to teach basic knowledge, skills, and values about caring for children and adolescents who are in foster care and who have experienced traumatic stress.

Cops, Kids and Domestic Violence: A Training Video
This product is a CD/DVD-based training on the impact of domestic violence on children, developed for law enforcement. The CD/DVD includes a combination of video clips and audio and lasts approximately 20 minutes. The training is focused around a "typical" domestic violence (DV) scene to which law enforcement are called to respond. The DV video clip is used as a teaching example that is referenced throughout the training to illustrate points. It also uses children's drawings, voiceovers of children's thoughts and questions, and interviews with law enforcement to make the product real and compelling for the officers. The goal of the product is to provide officers with concrete information about what they can do when responding to the scene of a domestic violence call. The training package includes a training video, documents, links and resources for additional information, and 8 wallet cards for distribution to program participants, entitled "Helping children at the scene of a domestic violence call."

K-FLASH II
K-FLASH II, developed by the Terrorism and Disaster Center at the University of Oklahoma Health Sciences Center is the children's module of the P-FLASH (Practical Frontline Assistance and Support for Healing) curriculum. P-FLASH is a mental health training program originally funded by the September 11th Fund to prepare New York City area mental health providers after the September 11 attacks. The curriculum is also applicable to other communities that may be affected by a wide range of catastrophic events. The P-FLASH curriculum series is based on existing disaster mental health research, and is presented in a user-friendly format. "Road maps" guide mental health professionals in differentiating normative and pathological responses, identifying and triaging cases, and applying front-line disaster mental health interventions.

Learning Collaborative Information Packet
Created in March 2007, the Learning Collaborative Information Packet is an 8-page basic overview of the Learning Collaborative approach, which is an adoption and improvement model that is focused on spreading and adapting best practices across multiple settings and creating changes within organizations that promote the delivery of effective practices. This approach is being adapted from a model developed by the Institute for Healthcare Improvement (IHI) and identified within the Kauffman Report as a recommended method for dissemination of best practices. The IHI helps organizations around the world transform "what if" thinking into the reality of better health care for clients and patients everywhere with a constant focus on innovation, collaboration and results.

Health Service System Environmental Scan (HSSES)—*see HSSES under "Clinical Interventions and Trauma-informed Approaches" above*

Learning Collaborative Toolkit
The NCTSN Learning Collaborative Toolkit presents the process for successfully developing and leading Learning Collaboratives. The Learning Collaborative approach is an adoption and improvement model that is focused on spreading and adapting best practices across multiple settings and creating changes within organizations that promote the delivery of effective practices. This approach is being adapted by the National Center for Child Traumatic Stress (NCCTS) from a model developed by the Institute for Healthcare Improvement (IHI) and identified within the Kauffman Report as a recommended method for dissemination of best practices. The IHI helps organizations around the world transform "what if" thinking into the reality of better health care for clients and patients everywhere with a constant focus on innovation, collaboration and results. This toolkit includes recommendations and resources drawn from multiple Learning Collaborative demonstration projects conducted by the NCCTS for the NCTSN. The NCCTS and the NCTSN continue to evaluate the Learning Collaborative methodology, and seek to better understand the most effective ways of promoting the implementation, adoption, and spread of evidenced-based practices for the benefit of traumatized children and their families.

Systematic Training to Assist in the Recovery from Trauma (START)
START is a trauma-informed curriculum for direct care workers and their supervisors. This training covers the basic concepts of childhood traumatic stress, exposure types, what to look and listen for, how staff can respond to traumatic statements and behaviors exhibited by the child, and what organizational changes are necessary to embed into the culture an understanding of trauma and how to treat it. START offers staff the ability to think about and investigate what constitutes a safe environment, how children in care have been affected by traumatic events, what specific behaviors may be directly linked to prior trauma, and what language staff can use to help ameliorate the effects of traumas. START is a two-day, hands-on training with experiential activities, multi-media learning modules, homework assignments, and a pre-post test to determine the effectiveness of the training.

TF-CBT Web: A Web-Based Learning Course for Trauma-focused Cognitive Behavioral Therapy
TF-CBTWeb is a web-based training course designed for busy mental health professionals (and students) who would like to learn Trauma-focused Cognitive-Behaviorial Therapy (TF-CBT) treatment in a flexible, time efficient, and cost effective manner. TF-CBT is an evidence-based treatment for abused and traumatized children who have symptoms of post-traumatic stress. TF-CBTWeb teaches all of the components of TF-CBT and includes: concise descriptions of all TF-CBT procedures and techniques; streaming video demonstrations of all procedures; clinical scripts; homework suggestions for clients and their families; cultural considerations; clinical challenges; and many clinical resources. Ten hours of continuing education credits are awarded upon completion of TF-CBTWeb. TF-CBTWeb is free of charge, and is hosted by the Medical University of South Carolina in Charleston, SC.

Psychological First Aid Online
PFA online includes a 6-hour interactive course that puts the participant in the role of a provider in a post-disaster scene. This professionally-narrated course is for individuals new to disaster response and who want to learn the core goals of PFA, as well as for seasoned practitioners who want a review. It features innovative activities, video demonstrations, and mentor tips from the nation's trauma experts and survivors. PFA online also offers a Learning Community where participants can share about experiences using PFA in the field, receive guidance during times of disaster, and obtain additional resources and training. This project was funded by SAMHSA, NCPTSD, NACCHO, and HHS Office of the Surgeon General, Office of the Civilian Volunteer Medical Reserve Corps.

The Courage to Remember—Child Traumatic Grief: Videos and Curriculum Guide
Videos and a training curriculum are aimed at both a general audience, including parents, and practitioners who work with children and families. The introductory video, It's OK to Remember, was developed as a basic informational, educational, and stand-alone tool for the general public. It is meant to raise the general level of public awareness of childhood traumatic grief and especially to inform caregivers and beginning level professionals who are in contact with children possibly experiencing or at risk of childhood traumatic grief. The training video, The Courage to Remember, and the print training curriculum guide are intended for practitioners wishing to enhance their skills or develop new skills. Together, this package of materials offers expert commentary, voices of individuals who have completed treatment, case examples, specific guidelines, instructions and options for interventions, resources, and references.

NCTSN Child Traumatic Grief Speaker Series: Childhood Traumatic Grief: Issues and Interventions Related to Military Children
The presentation addresses child traumatic grief within the context of a military family. Topics discussed include why a military death is different, the use of TF-CBT, and the Tragedy Assistance Program for Survivors.

NCTSN Complex Trauma Speaker Series: Real Life, Real Heroes: Rebuilding Attachments for Children with Complex Trauma
Dr Richard Kagan of the Parsons Child and Family Center gives the final presentation in the NCTSN Complex Trauma Speaker Series. He discusses an intervention that he developed called Real Life, Real Heroes, which envisions treatment for trauma as a hero's journey. The intervention includes attachment-based therapy as well as journaling and other arts and expressive elements. The primary components of Real Life, Real Heroes are:
*rebuilding attachments,
*building personal power, and
*reducing traumatic stress

NCTSN Learning Center
The NCTSN Learning Center for Child and Adolescent Trauma is an online resource for professionals and families who want to learn more about child traumatic stress. Use of the Learning Center is free; users simply need to register and create an account to access its features. Sections of the Learning Center include:
*Continuing education -This section offers Speaker Series presentations on various topics related to child trauma, providing opportunities for professionals to earn free CE credits.
*Learning Collaboratives-An invitation-only section for implementers of trauma treatment who are actively participating in or have completed an NCTSN Learning Collaborative
*Special Topics-Connects professionals, students, researchers, and others to NCTSN resources, discussion boards,

and tools you can use.

NCTSN Military Families Learning Community Master Speaker Series: FOCUS Family Centered Prevention Dr. Lester presents on FOCUS for Military Families. FOCUS is a trauma-informed evidence-based family-centered resiliency building and prevention program providing services to US Military families in the US and Japan. Dr. Lester provides a description of the program as well as program effectiveness data. During the presentation she identifies the needs of military families and children, reviews the theoretical foundation for FOCUS, describes FOCUS services and key components, highlights program outcome and evaluations, and describes FOCUS adaptations and initiatives.