NCTSN: Working for the Future of Traumatized Children

Staff of the National Center for Child Traumatic Stress

Trauma is pervasive in the lives of American children. It often comes in the form of chronic sexual or physical abuse, or neglect, but trauma may also result from natural disasters, accidents, school and community violence, the sudden death of a loved one, or life-threatening illness. To address the serious and often underestimated significance of traumatic events on the lives of children, their families, and society, Congress established the National Child Traumatic Stress Network (NCTSN) in 2000.

Administered by the Substance Abuse and Mental Health Services Administration (SAMHSA), the Network now consists of 44 grantee centers in 29 states, a coordinating National Center based at UCLA and Duke University (codirected by Robert S. Pynoos, MD, and John A. Fairbank, PhD), and a number of active centers not currently receiving SAMHSA grants. The NCTSN's unique collaborative structure brings together two major communities: (1) academic centers that are dedicated to conducting research and developing scientifically validated interventions and (2) community-based treatment and service providers who serve on the frontline of care. Together they work to fulfill the Network's mission of raising the standard of care and improving access to services for traumatized children, their families, and communities.

Raising the Standard of Care

To meet its mission, the NCTSN raises public awareness of the scope and serious impact of child traumatic stress through outreach to media, a comprehensive Web site, training of professionals from multiple disciplines, and creation of educational and informational products aimed at diverse audiences, including parents, school personnel, physicians, child advocates, first responders, and others. The Network also develops, disseminates, and evaluates clinical interventions whose efficacy and effectiveness are supported by scientific research, while striving to ensure that these interventions are culturally competent, developmentally sound, and adaptable to the needs of diverse groups. Along with improving clinical practice, NCTSN works with other established systems of care, such as education, law enforcement, child welfare, and juvenile justice to develop and promote trauma-informed practices.

Improving Access to Services

An essential part of NCTSN's mission is to increase access to services. The NCTSN strives to identify and confront the barriers that prevent children and families from receiving the care they need. Many NCTSN centers provide services in settings other than practitioners' offices and mental health clinics. Such nontraditional sites include schools, hospital emergency rooms, emergency/homeless shelters, and families' homes. The Network's members also bring care to those who cannot or do not ask for it through the usual clinical referral channels. Underserved populations, such as impoverished or homeless persons, individuals from minority ethnic or cultural groups, children with disabilities, persons living in rural areas, and refugees often suffer from high levels of traumatic stress, yet they may have limited access to services through formal organizations. The NCTSN has made it a priority to reach these populations and has formed groups and partnerships with other organizations to overcome barriers to services and to develop culturally competent interventions. Network members work across disciplines and geographic boundaries to address the full range of traumatic events, such as child abuse and neglect, traumatic loss of a parent or sibling, natural disasters, and school violence. Each quarter, NCTSN's combined efforts serve more than 10,000 children and families and train about 20,000 professionals.

Partnering With APSAC

NCTSN recognizes that it cannot meet its mission alone and is proud to join in partnership with APSAC to improve clinical practice, to share information and advance knowledge, and to pursue our common goal of saving children from the deleterious and potentially life-long effects of child abuse and neglect. NCTSN and APSAC share not only goals but also many leaders who are among the nation's preeminent researchers and trainers in the field of child maltreatment and child trauma. Barbara Bonner, PhD, Mark Chaffin, PhD, John Briere, PhD, Charles Wilson, MSSW, David Corwin, MD, Lucy Berliner, MSW, Anthony Mannarino, PhD, Lori Frasier, MD, Connie Carnes, LPC, Cheryl Lanktree, PhD,

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NCTSN KNOWLEDGE BANK

The NCTSN Knowledge Bank (KB) (kb.nctsn.org) is a Web-based tool that allows public access to resources developed by members of the NCTSN, its partners, allies, and related organizations. The KB is easily accessed from the Network's Web site, and it links users to such diverse resources as training manuals, videos, DVDs, and CD-Rom products and handouts designed for parents and families. The Knowledge Bank also attempts to capture and catalog the expertise of the centers and individuals who make up the NCTSN. It provides descriptions and contact information for NCTSN sites, project directors, principal investigators, and staff of the National Center for Child Traumatic Stress.

The Knowledge Bank also directs users to relevant resources from government agencies, commercial publishers, and nonprofit organizations. Much of the print and multimedia material described in the KB is available online by clicking on the links provided. For those resources not available electronically, the KB provides additional contact information.

NCTSN.ORG: The Nation's Source for Up-to-Date and Scientific Information on Child and Adolescent Trauma

The NCTSN Web site (nctsn.org) is a virtual library of information about child traumatic stress and the children who have experienced it. Characterized by the breadth as well as depth of its content, it is designed to be rich—complex but not complicated.

The Web site is organized by both audience and topic. The site's resources address mental health and other professionals, parents and families, policy makers, physicians, educators, researchers, and other readers. Topics cover a range of types of trauma, professional training and education, cultural issues, special populations, assessments, treatments, and more. The site is listed as a resource on child trauma by numerous organizations, including the National Institutes of Health's MedlinePlus (www.nlm.nih.gov/medineplus).

An important example of the resources available on the Web site is the recently released *Measures Review Database* (www.nctsn.org/measures). Although a number of important child trauma assessment and screening tools exist, clinicians have not always had clear information about which one to use in a particular situation. The *Measures Review Database* is a searchable collection of reviews of the various assessment and screening tools available to measure children's experience of trauma, their posttraumatic reactions, and the impact of trauma. These reviews are presented in easy-to-read, Web format, and the database can be browsed or searched easily in various ways, including by the age of the child in treatment. Each review of an assessment provides the same information, such as the age range for which the instrument is designed, the domains assessed, its format, administration, and scoring, pros and cons for its use, and the evidence base that supports it. This allows users to compare one assessment with another using the same criteria. Some of the assessment and screening tools reviewed can be downloaded directly from the database; for others, contact information is provided.

Other tools on www.nctsn.org include the following:

Parenting in a Challenging World (www.nctsn.org/nccts/nav.do?pid=ctr_aud_prnt_chlg) is an interactive video introduction to child trauma for parents and caregivers.

Cops, Kids and Domestic Violence (www.nctsn.org/nctsn_assets/acp/dv/nctsn_dv_rev1.htm) is a training video

Judith Cohen, MD, Esther Deblinger, PhD, and Benjamin Saunders, PhD, are just a few of the professionals who bridge APSAC and NCTSN.

Many of our joint efforts center on developing and disseminating trauma-focused interventions geared to helping abused and maltreated children. For example, NCTSN has sponsored both precolloquium institutes and a track at several APSAC colloquia, and it has promoted colloquia attendance by NCTSN members. Links to the NCTSN Knowledge Bank and other downloadable materials about NCTSN on its Web site were recently added to the APSAC site, and materials about NCTSN were distributed during APSAC's membership renewal drive. Discussions have begun about NCTSN members' participation in the revision of *APSAC Guidelines* and the *APSAC Handbook on Child Maltreatment, Second Edition*.

Promoting Evidence-Based Interventions

Developing and disseminating trauma-focused interventions is critical to NCTSN's mission. Over the past 5 years, NCTSN has taken a leading role nationally in promoting the development, evaluation, and dissemination of evidence-based mental health treatments. Evidence-based treatments are those that have been shown to have efficacy and effectiveness for alleviating those symptoms and/or conditions under study. Evidence-based interventions typically include (1) a treatment manual that lays out the therapy in clear-cut steps to ensure consistent implementation by practitioners in different settings, (2) standardized assessment batteries to guide and inform clinical practice, (3) systematic staff preparation and training, which includes ongoing consultation and supervision, and (4) ongoing evaluation to increase the effectiveness and efficacy of the treatment.

Although the federal government, major organizations, and many practitioners have been strong proponents of evidence-based interventions, the adoption of these approaches in "real world" settings has lagged behind. There have been barriers on both the organizational and individual clinician levels. Some clinicians believe that the available manualized evidence-based treatments do not adequately take into account the great variety and complexity of clients' individual histories and circumstances. They have questioned, for example, whether client populations in controlled studies match the client populations they serve. The children suffering from traumatic stress seen in direct practice settings often have complicated histories. Many have endured multiple traumatic events over the course of their lives and suffer ongoing disadvantages and adversities. Other critics of evidence-based treatments argue that interventions do not effectively consider the cultural differences in clients' understanding of trauma and their strategies to respond to and cope with trauma.

The NCTSN's collaborative framework provides a rare opportunity to understand and address these issues, and to bridge the gap between the professionals who develop these interventions and the practitioners who use them to deliver direct services. NCTSN brings together the developers of interventions, who are often from academic settings, with community-based clinicians to adapt, field test, evaluate, and refine interventions to better meet the needs of children suffering from traumatic stress. For example, Network centers are adapting cognitive behavioral treatments for use with various ethnic populations and with different types of trauma, and they are field testing these adaptations in a variety of practice settings. NCTSN has also addressed the organizational and implementation barriers to adoption of new interventions through a number of innovative projects and initiatives, such as learning collaboratives and the Breakthrough Series (see the following section, "Learning Collaboratives").

One important trauma-focused intervention disseminated widely by both NCTSN and APSAC is Trauma-Focused Cognitive Behavioral Therapy (TF-CBT). Developed by NCTSN members Judith Cohen, MD, Anthony Mannarino, PhD, and Esther Deblinger, PhD, this treatment model has a particularly strong empirical base, having been evaluated in five large-scale controlled studies that included more than 500 sexually abused children. In the largest of these studies, over 80% of the children who received TF-CBT showed significant improvement in PTSD symptoms. These children also experienced significant improvement in depression, anxiety, behavior problems, and sexualized behaviors over 12 to 16 weeks of treatment, with gains sustained at follow-up.

TF-CBT is a structured treatment that involves the child's parent or supportive caregiver. It begins with *psychoeducation* about common trauma reactions. This helps to normalize the experience for children and their families and reduces shame and stigma. Another step,

affect regulation and relaxation training, helps the child cope with the unpleasant physical responses to traumatic stress (e.g., pounding heart, churning stomach) and emotional symptoms (e.g., fear, anxiety, jumpiness) and enables the child to talk more freely about the trauma without fear of these reactions. *Desensitization* is used when children continue to have intense reactions to the things, places, and people that remind them of the trauma. One of the most important elements of TF-CBT is the *trauma narrative*. By writing or drawing a coherent account of what happened, how it felt, and what it meant, children are more able to recover after a traumatic event. As part of this process, the therapist helps children identify and correct distorted and unrealistic ideas and beliefs about what happened. Often, in the case of abuse, these include self-blame, shame, and anger.

In addition to TF-CBT, the NCTSN is disseminating a number of other trauma-focused interventions. These treatments include the following: Abuse-Focused Cognitive Behavioral Therapy for Child Physical Abuse (developed by David Kolko, PhD) and Life Skills Life Stories, an intervention for adolescent girls who have experienced multiple and/or sustained trauma in childhood or adolescence (developed by Marylene Cloitre, PhD). Parent-Child Interaction Therapy is a coaching intervention for parents with a history of physically abusing their children and was developed by Sheila Eyberg, PhD. The Component Therapy for Trauma and Grief Program is a manualized intervention that can be delivered in either individual or group modalities and in school-based or community clinic settings. Developed by Christopher Layne, PhD, Bill Saltzman, PhD, and Robert S. Pynoos, MD, for traumatized and/or traumatically bereaved youth ages 11-20, this intervention has been widely implemented around the world in such diverse settings as New York City following 9/11, postwar Bosnia, and multiple school districts in California. Outcomes have shown significant reductions in PTSD, depression, and complicated grief as well as improvements in children's school and social functioning. Another intervention, Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS), developed by North Shore University Hospital in New York, is a group intervention for adolescents who have been exposed to chronic traumatic stressors. Cognitive Behavioral Interventions for Trauma in Schools (CBITS), which was developed by the RAND Corporation, the Los Angeles Unified School District, and UCLA, is a skills-based group intervention designed for school-based treatment. It is designed to relieve symptoms of PTSD, depression, and general anxiety among children ages 10-15. To help very young children whose traumatic stress often goes untreated, the NCTSN is disseminating Child-Parent Psychotherapy, a dyadic treatment approach for parents with infants, toddlers, and preschoolers who have witnessed domestic violence. It was developed by the Early Trauma Treatment Network at the University of California, San Francisco. (For more information on treatments that have been used by the NCTSN, see the fact sheets on Empirically Supported Treatments and Promising Practices at: www.nctsn.com/nccts/nav.do?pid=_top_trmnt).

Learning Collaboratives

After early efforts to train a variety of practitioners in TF-CBT and other evidence-based interventions and promising practices, the NCTSN recognized that training needed to address not only the learning needs of individual practitioners but also the organizational culture and barriers that interfered with effective implementation of an intervention. The NCTSN needed strategies to promote transfer of training so new learning would be fully and correctly utilized in the trainees' own direct practice.

The learning collaborative model is a novel strategy that enables organizations to make necessary changes to deliver and sustain effective practices. The NCTSN adapted this approach from a model developed by the Institute for Healthcare Improvement (for more information, see: www.ihi.org). The IHI model has been used in other healthcare milieus around the world to help organizations close the gap between the evidence base and everyday practice.

In February 2005, with support from SAMHSA, the NCTSN began a very ambitious and large-scale learning collaborative, the National Breakthrough Series on Trauma-Focused CBT. The Breakthrough Series was designed to enhance the speed and fidelity with which TF-CBT could be implemented, and to ensure that the knowledge and skills taught in training actually were used in service organizations. The Breakthrough Series represented the first time that learning collaboratives had been used to disseminate a mental health intervention, and it was the first use of this methodology in the field of child trauma.

to help law-enforcement officers respond effectively to domestic violence calls in which children are involved.

The Courage to Remember
This Web page (www.nctsn.org/nccts/nav.do?pid =typ_tg) includes one interactive video for general audiences and another (with a printable curriculum guide) for clinical professionals who work with grieving children and families.

Training and Education Opportunities
The NCTSN Web site contains information about numerous training opportunities (see: www.nctsn.org/training). Among them are upcoming learning collaboratives in which centers outside of the NCTSN may participate. For free online training in TF-CBT, you can also go to TF-CBTWeb at: tfcbt.musc.edu.

As part of its distance-learning program, NCTSN presents the Master Speakers teleconference series (www.nctsn.org/training/masters), in which the leading thinkers in the field of child trauma present lectures, share slides, and offer live answers to questions. Master Speakers teleconferences are open to the public (participants must register), and CEUs are available. The 2007 series on Trauma and Culture began in late February. Past lectures are also archived and can be downloaded.

Additional Web site resources include the following:

- Information about the NCTSN mission, vision, and history
- Contact information for NCTSN member sites
- Information on the types of traumatic stress
- Events calendar
- Doc Store, for ordering and shipping NCTSN-produced materials
- Materials on trauma and culture
- Spanish-language materials

If you have any questions or require any assistance with resources on the Web site, please contact: info@nctsn.org.

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Teams from 12 NCTSN grantee organizations across the country participated. During the course of the 9-month project, they received multiple, intensive, in-person training sessions, follow-up consultation, and technological support to facilitate sustained learning and sharing of progress. Each participating organization made rapid and significant changes in its organization, not only to adopt the intervention but also to ensure that once implemented, the new intervention would be supported and sustained over time.

For example, in some organizations, clinical supervision was reorganized into a group format to be more structured and specific to different treatment models. In others, productivity requirements were adjusted to allow additional time for training and supervision. Other organizations systematically educated their referral sources about the availability and benefits of evidence-based treatments. In all cases, changes were critical in creating organizational cultures that supported innovation and embraced evidence-based treatments.

Over the course of the Breakthrough Series, more than 400 children received TF-CBT. About 60 clinicians from participating sites continue to provide this intervention with fidelity to the model, and about 30 supervisors from the participating sites were trained and are now supervising other clinicians using the intervention. Leaders in several of the sites now provide ongoing incentives for staff to acquire competence and to use evidence-based trauma practices.

NCTSN has refined the framework used for the Breakthrough Series and customized it for subsequent learning collaboratives on both TF-CBT and other evidence-based and promising practices. Organizations within and outside of the NCTSN are now participating in these collaboratives.

Finding Common Threads

Training clinicians in specific evidence-based treatments is one way that the NCTSN works to improve the standard of care for traumatized children. Another approach is to look for the common therapeutic elements that have been shown to be effective across interventions and theoretical frameworks. Intervention developers now recognize that although many of the trauma and grief-focused interventions are unique in some respects, many also share common elements.

For example, a common *component* of evidence-based interventions is reliance on validated assessment measures to provide an accurate understanding of children's needs and circumstances, thereby allowing treatment to be tailored for each child served. Another common component of trauma-focused interventions is focus on skill building to increase children's emotional self-regulation and problem-solving skills. Many evidence-based interventions also include some form of systematic exposure to memories of what happened, which allows children to increase their ability to tolerate thinking and talking about the traumatic event and, ultimately, to react less intensely to trauma reminders.

The search for common elements of interventions can also extend to identifying common *concepts* that skilled interventionists should understand as they carry out their professional roles. Examples of these core concepts include developing an understanding about what posttraumatic stress and other common distress symptoms feel like to children and how they can interfere with daily life. Clinicians should also understand how difficulties with emotional regulation may influence children's behaviors and ability to function, and how trauma reminders may bring to mind upsetting memories of past experiences and unexpectedly evoke distress. Core concepts and core components are logically connected. For example, when clinicians understand that children exposed to trauma often experience difficulty with emotional regulation, they can incorporate into treatment plans specific strategies to teach children self-regulation skills.

The NCTSN plans to develop a core-concepts and core-components curriculum that will link the essential components of effective interventions and the essential competencies of effective professionals. Although still in its early stages, this project will ultimately provide training curricula for professionals in a variety of service sectors.

Acute Intervention for Terrorism and Disaster

Psychological First Aid is an example of a promising practice intervention being actively disseminated by the NCTSN. It was produced by the NCTSN and the National Center for PTSD and was developed by Melissa Brymer, PsyD, Anne Jacobs, PhD, Christopher Layne, PhD, Robert S. Pynoos, MD, Josef Ruzek, PhD, Alan Steinberg, PhD, Eric Vernberg, PhD, and Patricia Watson, PhD. The *Psychological First Aid Field Operations Guide, Second Edition*, is now available and can be downloaded from the NCTSN Web site. Psychological First Aid is an acute intervention delivered by mental health and other disaster-response workers who provide early assistance to affected children, families, and adults as part of an organized disaster-response effort. It is based on sound research as well as practical experience from the developers' years of work in disaster settings. The intervention is designed to reduce initial distress and foster healthy adaptive functioning. This approach has already been used successfully by professionals responding to Hurricane Katrina's displaced and traumatized children and their families, and data on this intervention are now being collected.

Reaching Out

Child trauma has consequences that extend far beyond the individual child and family's life. The long-term effects of unrecognized childhood trauma reverberate throughout society. And yet, the significance of child traumatic stress has been underrecognized and inadequately addressed. In partnership with APSAC, the NCTSN must reach beyond the usual borders of the mental health field to policy makers, child advocates, juvenile court justices, parents, activists, and members of the public who can help effect broad-scale change. Only then can the NCTSN fully meet its mission of bringing trauma-focused services to every child who needs them.

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