

DEPARTMENT OF HEALTH AND HUMAN SERVICES

**Substance Abuse and Mental Health Services Administration
Center for Mental Health Services**

**Guidance for Applicants (GFA) No. SM-01-008
Part I - Programmatic Guidance**

**Cooperative Agreements to Develop a National
Infrastructure for the Improvement of Treatment and Services for
Children and Adolescents Who Experience Trauma**

Short Title: Child Traumatic Stress Initiative

Application Due Dates:
July 30, 2001

Bernard S. Arons, M.D.
Director, Center for Mental Health Services
Substance Abuse and Mental Health
Services Administration

Joseph H. Autry III, M.D.
Acting Administrator
Substance Abuse and Mental Health
Services Administration

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Agency

Department of Health and Human Services (DHHS), Substance Abuse and Mental Health Services Administration

Action and Purpose

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services (CMHS) announces the availability of Fiscal Year 2001 funds for cooperative agreements for implementing the National Child Traumatic Stress Initiative (NCTSI). Its purpose is to improve treatment and services for all children and adolescents in the United States who have experienced traumatic events. A network of centers will be established to identify or develop effective treatments and services, collect clinical data on child trauma cases and services, develop resources on trauma for professionals, consumers, and the public, and develop trauma-focused public education and professional training and other field development activities.

This Guidance for Applicants (GFA) solicits applications for cooperative agreements in three distinct, but related programs. It is anticipated that:

One award will be made in **Category I** for the **National Center for Child Traumatic Stress**

Up to **five** awards will be made in **Category II** for the **Treatment/Services Development Program**

Up to **twelve** awards will be made in **Category III** for the **Community Practice Program**

For all categories, applicants should request support for three years and provide a separate budget for each year.

The NCTSI expects the three component programs to develop a highly collaborative interaction among awardees to achieve its goals.

For the National Center for Child Traumatic Stress (Category I), which will provide national leadership and focus, approximately \$2,500,000 in total costs, including direct and indirect costs, will be available per budget year.

For the Treatment/Services Development Program (Category II), which will provide expertise to improve and provide specific areas of child and adolescent trauma treatment and services, approximately \$3,000,000 will be available per budget year, including direct and indirect costs. The average award should range from \$500,000 to \$600,000 per year in total costs (direct and indirect costs).

For the Community Practice Program (Category III), which will assume primary responsibility for implementing effective treatment and service delivery approaches for child trauma in community and specialty service settings, approximately \$4,000,000 will be available, with the average award ranging from \$250,000 to \$340,000 in total costs (direct and indirect costs).

Who Can Apply?

Domestic public and private nonprofit entities can apply. For example, the following are eligible to apply:

- community-based organizations
- out-patient clinics
- public or private universities

psychiatric or general hospitals
units of State or local governments
Indian tribes and tribal organizations
partnerships of multiple clinical centers,
programs and/or community service
providers applying as a single center (in
which case one of the participating
organizations must be designated as the
applicant organization)

Applicant organizations may apply under any or all of the three categories of this GFA. A separate, complete application is required for each category. An organization that applies in more than one category will be considered as a separate applicant in each category, but it may receive funds under only one.

Application

To apply for this program:

Use application form PHS 5161-1. To download this form go to the SAMHSA homepage at www.samhsa.gov, click on the link to “Grant Opportunities,” click on “Assistance with Grant Applications” at the bottom of the page, click on “Materials for Applying for Grants or Cooperative Agreements,” click on “DHHS/Program Support Center’s Forms Distribution Web Page,” and then click on “PHS-5161-1.”

PHS 5161-1 includes the following forms which should be included with your application: a face page (Form 424A) and budget pages (Form 4254B) with instructions, Assurances- Non-Construction Programs (signed), Certifications (signed), and a Checklist.

Do not follow the instructions on the Program Narrative included in the PHS 5161-1 form, instead follow the instructions for the Project Narrative in this GFA.

Be sure to type “SM-01-008, National Child Traumatic Stress Initiative: National Center for Child Traumatic Stress” in Item Number 10 on the face page of the application form, if you are applying for Category I: the National Center for Child Traumatic Stress.

Be sure to type: “SM-01-008, National Child Traumatic Stress Initiative: Treatment/Services Development Program” in Item Number 10 on the face page of the application form, if you are applying for Category II: Treatment/Services Development Program.

Be sure to type: “SM-01-008, National Child Traumatic Stress Initiative: Community Practice Program” in Item Number 10 on the face page of the application form, if you are applying for Category III: Community Practice Program.

Separate applications are required if an organization wishes to apply to more than one of these distinct programs.

Be sure your Project Narrative addresses the requirements specified in this GFA. Reviewers will award points to your applications based on how well your proposal addresses the requirements specified in this GFA. Make sure the organization of your Project Narrative follows the format (Sections A-D) of the GFA.

You must address the Confidentiality and Human Subjects provisions in Section I of your application. If your organization provides direct services to children or

families, include sample participant consent forms that conform to SAMHSA Confidentiality and Human Subjects protection requirements as Appendix 4.

Guidance for Applicants Part II: General policies and procedures apply to all SAMHSA applications for discretionary grants and cooperative agreements

provides additional instructions. **Part II** can be downloaded from the SAMHSA homepage, www.samhsa.gov, click on the link to “Grant Opportunities,” click on “Assistance with Grant Applications” at the bottom of the page, click on “Materials for Applying for Grants or Cooperative Agreements,” and then click on “Guidance for Applicants, Part II.” Part II describe notification procedures to Single State Agencies (SSA) and State Single Point of Contact (SPOC) (if applicable in your state). Lists of SSAs and SPOCs are available through the SAMHSA website, www.samhsa.gov. Click on the link to “Grant Opportunities,” click on “Assistance with Grant Applications” at the bottom of the page, click on “Materials for Applying for Grants or Cooperative Agreements,” then click on “Listing of Single State Agencies (SSAs)” or “Office of Management and Budget (OMB) State Single Point of Contact (SPOC) Listing.”

No Letter of Intent is required.

No funding match is required.

Assemble your application as described in the section, Detailed Information on What to Include in Your Application, which follows.

To obtain hard copies of application materials: Call the Center for Mental Health Services national clearinghouse, the Knowledge

Exchange Network at (800) 789-2647. This is an automated system that requires you to identify the GFA number and leave your name and mailing address. Make sure you say your mailing address distinctly.

Where to Send the Application

Send the **signed** original and 2 copies of your grant application to:

SAMHSA Programs

Center for Scientific Review
National Institutes of Health
Suite 1040
6701 Rockledge Drive MSC-7710
Bethesda, MD 20892-7710*

*Change the zip code to 20817 if you use express mail or courier service.

Application Dates

Your application must be received by July 30, 2001. This application deadline **CANNOT** be extended.

Applications received after this date will only be accepted if they have a proof-of-mailing date from the carrier no later than **July 23, 2001.**

Private metered postmarks are not acceptable as proof of timely mailing. Late applications will be returned without review.

How to Get Help

For questions on program issues, contact:

Robert DeMartino, M.D.
Associate Director for Program in
Trauma and Terrorism
Division of Program Development, Special
Populations and Projects, Room 17C-26
Center for Mental Health Services
SAMHSA
5600 Fishers Lane
Rockville, MD 20857
(301) 443-2940
[E-Mail: Rdemarti@samhsa.gov](mailto:Rdemarti@samhsa.gov)

OR:

Malcolm Gordon, Ph.D.
Special Programs Development Branch
Center for Mental Health Services
Substance Abuse and Mental Health Services
Administration
Parklawn Building, Room 17C-05
5600 Fishers Lane
Rockville, MD 20857
(301) 443-2957
E-Mail: mgordon@samhsa.gov

**For questions on *grants management issues*,
contact:**

Gwendolyn Simpson
Division of Grants Management
Substance Abuse and Mental Health Services
Administration
Parklawn Building, Room 13-103
5600 Fishers Lane
Rockville, MD 20857
(301) 443-4456
E-Mail: gsimpson@samhsa.gov

Cooperative Agreements

All awards given in Categories I, II, and III are being made as cooperative agreements because

they are complex and may require substantial Federal staff involvement.

Awardees Must:

- comply with the terms of the agreement.
- participate in grantees' meetings.
- accept guidance and respond to requests for data from CMHS and other designees that may be asked by CMHS to provide technical assistance to awardees with respect to specific aspects of the NCTSI.
- participate in policy steering groups and other work groups to help accomplish project goals.
- as appropriate, author or co-author publications on project results for use by the field.
- participate in post-award, cross-site process and outcome evaluation activities.
- implement specified activities, data collection, quality control, and required SAMHSA reports.

SAMHSA Staff Will:

- consult with the National Center, Treatment/Service Development Centers, and Community Practice Centers Project Directors on all phases of the project to ensure accomplishment of the goals of the Initiative.
- review critical project activities for conformity to the goals of the NCTSI.
- have overall responsibility for monitoring the conduct and progress of the NCTSI programs.
- make recommendations regarding continued funding.
- provide guidance on project design and components.
- participate in policy and steering groups or related work groups.

review quarterly reports and conduct site visits, if warranted.
provide support services or recommend outside consultants for training, evaluation, and data collection, if needed.
author or co-author publications on program findings.
provide technical assistance on ways to help disseminate and apply study results.

Funding Criteria

Funding decisions will be made by September 30, 2001 after reviews of applications by a peer review committee and CMHS' National Advisory Council are completed.

Decisions to fund a grant are based on:

For All Applicants:

1. The strengths and weaknesses of the application as indicated by a

Peer Review Committee, which assigns a numerical evaluation score to the application based on the extent to which the application meets the project requirements as specified in this Guidance for Applicants (GFA).

Confirmation by the CMHS Advisory Council.

2. Availability of funds.

For the Treatment/Services Development Programs and the Community Practices Programs (Categories II and III), funding decisions **may** also take into account:

1. Balance of funded centers across specialized areas of child traumatic stress expertise - see page 11 for full description, and

2. Geographic balance.

Annual continuation awards depend on the availability of funds and progress achieved.

Post Award Requirements

1. Reports Required

Quarterly Progress Reports (The Government Project Officer (GPO) will specify the format for these reports).

Annual report (in place of fourth quarterly report).

Final Report at end of project period summarizing project progress, accomplishments, problems, alterations in approaches utilized, and lessons learned.

2. In accepting the award, projects may be required to provide data to the Federal government on treatments and services provided, on client characteristics, and on other project characteristics using a data collection form approved by the Office of Management and Budget (OMB). The grantee may be asked for assistance in preparing materials for the OMB approval submission.

3. **GPRA:** The Government Performance and Results Act of 1993 (GPRA) requires Federal agencies to set and monitor performance standards for agency objectives. As part of GPRA reporting requirements, CMHS might require grantees to report information relevant to the CMHS GPRA program goals. For example, CMHS might require grantees to indicate whether this cooperative agreement helped communities to identify service needs and improve availability of services.

4. **Grantee Meetings:** All awardees must attend an annual two-day meeting of the centers

funded under this Initiative. The National Center organization will be responsible, in consultation with SAMHSA staff, for planning and for logistics costs (not including participant travel costs for which each grantee is independently responsible) related to this meeting and must provide for these costs in the project budget.

All NCTSI awardees should provide for two to three project staff and/or consultants to attend; costs related to this requirement must be provided for in the project budget.

Program Overview

The overall aims of the NCTSI are to:

Improve the quality, effectiveness, provision and availability of therapeutic services delivered to all children and adolescents who experience traumatic events.

Develop a national network of centers, programs and constituencies dedicated to improving the identification, assessment, treatment and services to children who have experienced traumatic events.

Further the understanding of the impact on individuals, families, and communities of child and adolescent traumatic stress and of effective therapeutic interventions to prevent the occurrence of serious negative consequences of childhood trauma.

Reduce the frequency and severity of negative consequences of traumatic events on children and adolescents through greater public recognition and understanding of the sequelae of childhood trauma, greater

acceptance and support for child trauma intervention services, and improved prevention and treatment services.

Because of its complexity the NCTSI will be conducted in two phases: an initial Organizational Phase and an Operational Phase. The Organizational Phase will be devoted to (1) establishing a Steering Committee, its agenda and operating procedures, (2) developing the framework and organizational procedures for communication and collaboration among NCTSI funded centers, (3) developing measures (criteria) to mark the transition from the Organizational to the Operational Phase, (4) procedures to develop protocols for clinical data collection and evaluation, and (5) prioritizing and planning efforts by the centers to identify, support, improve and/or develop child trauma treatment and services. The National Center and the Steering Committee will provide leadership for the activities of the Organizational Phase.

The Organizational Phase will require a minimum of six months to achieve a firm basis for progression to the Operational Phase and, in fact, some Organizational Phase activities are so basic that they will continue throughout the grant period. The National Center will propose measures by which the Steering Committee can judge if sufficient progress in the Organizational Phase has been achieved to permit the Initiative to move into the Operational Phase. The Steering Committee must also have in place a procedure to assist the successful transition of Community Practice Centers from the Organizational to the Operational Phase.

The Operational Phase will continue organizational activities, but also increasingly focus on national leadership, treatment and service implementation, improvement and evaluation, clinical data collection and analysis and other knowledge development activities, and

putting the national child trauma resource center into operation. Centers may begin Operational Phase activities during the Organizational Phase upon advice and consent of the Steering Committee and approval of the Government Project Officer. In particular, Community Practice Centers may begin using grant funds to expand community child trauma services delivery and community outreach during the Organizational Phase upon approval of an operational plan submitted to the Steering Committee. The Government Project Officer will play an important role in the Steering Committee's activities related to the Organizational and Operational Phases of the NCTSI.

Organizations applying to participate as one of the component centers under this Initiative will be required to document their intention of collaborating with the other centers in developing and evaluating treatment and services.

The NCTSI is made up of **three** components. Each component consists of a type of center that has primary responsibility for a set of functions under the Initiative. However, all component centers are expected to collaborate in the functions of the NCTSI, and the centers are not limited to this set of functions, should other functions be deemed essential to achieve the goals of the Initiative.

Category I: National Center for Child Traumatic Stress

The National Center is to provide the vision, national leadership and overall organizing and coordinating expertise to move the NCTSI towards its goals. It will:

construct a national network of treatment development and clinical service centers in child traumatic stress and use pooled service and program data from NCTSI organizations to guide improved treatment and services.

provide a highly visible national forum on the origins, consequences, prevention and treatment of child traumatic stress, and raise public and professional awareness of the characteristics, consequences, prevention and treatment of child traumatic stress.

provide leadership in developing improvement in national goals and priorities for child trauma treatment and services, and provide direction for collaborative efforts to plan and implement actions to achieve the goals of the NCTSI.

establish a national capacity for training and technical assistance in implementing effective treatment and services, increasing service accessibility and delivery, and accessing or developing financing to support services to traumatized children and their families.

support collaboration and coordination among all organizations functioning within the NCTSI, and provide technical assistance and coordinating support for activities that cut across all participating organizations in the NCTSI.

develop a national child traumatic stress resource center for research, clinical, and service data on child trauma and for training, consultation and technical assistance on effective treatment and services for traumatized children and their families and support publication and electronic dissemination of information to professionals and the public on child trauma issues.

During the Organizational Phase of the Initiative the National Center is expected to focus primarily on coordinating interaction and collaboration among the centers, facilitating prioritizing and planning of Initiative activities to achieve the goals of the Initiative, and establishing the NCTSI network.

During this phase it is critical to the success of the NCTSI that the multiple centers involved develop effective ways of collaborating to achieve the goals of treatment/services improvements for children who have experienced trauma. The National Center's role in setting the agenda for and leading the Steering Committee represents the most tangible aspect of its central functions within the NCTSI.

These activities would continue during the Operational Phase but, given the successful development of center coordination, the National Center would devote increasing attention to facilitating collaborative activities among the centers, implementing national leadership activities, and establishing and operating the national resource center.

The National Center must budget a minimum of 5% and a maximum of 7% of the total budget for evaluation activities.

Category II: Treatment/Services (T/S) Development Program

Treatment/Services Development Centers will be primarily responsible for development delivery and evaluation of improved treatment approaches and service delivery models within the NCTSI. They are expected to:

provide specialized expertise (see below) in event-defined child traumatic stress,

developmental, social, and cultural influences on traumatic stress responses of children and adolescents and/or assessing the effectiveness of interventions.

use their specialized expert knowledge to provide and assess existing therapeutic approaches and develop more effective approaches.

develop, in collaboration with the National Center for Child Traumatic Stress, a national network of treatment and service centers and to provide their expertise in support of the National Center.

establish a specialized capacity for training, evaluation and technical assistance to support effective treatment and services for traumatized children and their families.

develop a data base of clinical and service data on child trauma cases that will improve understanding of treatment and service needs; treatment and service delivery effectiveness; availability, access and disparity in service delivery; and to inform planning and decision making of the NCTSI centers.

participate in the development of a child traumatic stress resource center, by serving in the role as a nationally recognized expert resource in specific areas of child traumatic stress. In their defined area of national expertise, T/S Development Centers would serve as a resource for training, consultation and technical assistance on effective treatment and services. Provide expertise in support of the Child Traumatic Stress Resource Center's publication and electronic dissemination of

information to professionals and the public on those child trauma issues.¹

During the initial Organizational Phase of the project, the T/S Development Center should devote most of its resources to: 1) establishing linkages and collaborative arrangements with other T/S Development Centers and Community Practice Centers; 2) planning collaborative work with other centers on addressing T/S improvement in areas of trauma expertise; 3) establishing the foundations of the NCTSI network; and 4) establishing their participatory role in that network, and 5)

planning and developing clinical and services data collection and program evaluation procedures and protocols.

During the Operational Phase these areas of activities would continue, but the centers should shift to activities to provide treatment services to the targeted children and youth and collaborate with other centers in 1) treatment/services identification, improvement, development, delivery of services and evaluation; 2) clinical data collection and other knowledge development activities; and 3) providing expert resources to the national child trauma resource center.

1

The specialized areas of child traumatic stress expertise are defined as:

the understanding, evaluation, and treatment of traumatic stress resulting from major types of trauma that children and adolescents experience (witnessing or experiencing interpersonal violence or life threat, traumatic loss of family or other important caregivers, sexual assault and abuse, medical trauma, including injuries from accidents and invasive medical procedures, natural and man-made disasters, and war, displacement, and refugee trauma).

child and adolescent developmental stages as they pertain to the impact of traumatic events, and the development, improvement and evaluation of child trauma treatment and services.

race/ethnicity/culture as they pertain to the impact of traumatic events and the development, improvement and evaluation of child trauma treatment and services.

the understanding, evaluation, and treatment of traumatic stress in children and adolescents in child service systems such as juvenile justice, child welfare, and child protective services, for example.

Treatment/Services Development Centers must budget a minimum of 5% and a maximum of 10% of total costs for monitoring/evaluation activities.

Category III: Community Practice Program

Community Practice Centers are service organizations or programs that primarily engage in implementing, in the community or in specialty child service settings, model treatment interventions and community services for children and their families who have experienced trauma. They are expected to:

identify, improve, develop, deliver and implement effective treatments and services in the community and/or in specialty service contexts, such as hospitals, schools, inpatient psychiatric treatment centers, juvenile justice detention facilities, refugee centers or child welfare/child protective service system. Activities in this area should be developed in collaboration with Treatment/Services Development Centers.

collaborate with other NCTSI Centers to identify, improve, develop and implement child trauma services and treatments that are effective in their community or service settings. CPCs will participate with T/S Development Centers and other Community Practice Centers in cross-site evaluation of treatment and service models.

collaborate with the National Center and T/S Development Centers in developing protocols for collecting clinical data on client characteristics, services received, and outcomes of children and adolescents who receive trauma services.

promote identification, assessment, treatment, and services for traumatized children and adolescents in the local community or service sector.

participate with the National Center, Treatment/Service Development Centers, and other Community Practice Centers in a collaborative network of treatment and service centers to support improved treatment and services for children and adolescents who have experienced traumatic events.

collaborate with the NCTSI Centers in the development of clinical data collection protocols for use by NCTSI centers for coordinated use in NCTSI wide activities.

participate in activities to develop knowledge of issues in availability and access to services for traumatized children, implementation of effective child trauma services in community and specialty service settings, appropriateness and accessibility of services for different types of trauma and groups of children in the community, and outcomes of

services received in the community and in specialty service settings.

provide training, consultation, and other outreach efforts to local service sectors or service providers that can identify, provide access to or provide services to children and adolescents who have experienced trauma.

establish liaison with local child service systems which provide services to children who have experienced trauma, such as school systems, state/county mental health services, child welfare, protective services, rehabilitative services for children with physical and developmental problems, juvenile justice system, emergency medical services, disaster services, and refugee services.

During the initial Organizational Phase of the project, the Community Practice Centers will focus on establishing linkages and collaborative arrangement with other centers, establishing and participating in the NCTSI network and planning and developing clinical and services data collection and program evaluation procedures and protocols are critical. Community Practice Centers may develop a plan to initiate expansion and improvement of services and outreach activities during this phase. This plan should be submitted to the Steering Committee for review of its conformity with the overall goals of the NCTSI. Community Practice Centers will be encouraged to develop working collaborations with T/S Development Centers with expertise in relevant areas of trauma or service delivery in implementing its service delivery plan. Upon approval of the Steering Committee the Community Practice Centers may initiate expanded services and outreach in the community.

During the Operational Phase the Community Practice Centers will increasingly be involved in treatment/services provision improvement to the targeted population and evaluation activities with other centers and in community outreach activities, participating in collecting, summarizing and analyzing clinical and services data, and providing expertise and resources on service delivery issues to the national child trauma resource center.

Community Practice Centers must budget a minimum of 5% and a maximum of 10% of total costs for monitoring/evaluation activities.

Steering Committee

A Steering Committee and Advisory Board are important to the success of the NCTSI.

The Steering Committee will consist of the Project Directors of the National Center, Treatment/Services Development Centers, the Government Project Officer(s), and three representatives from the Community Practice Program to be selected by the CMHS Project Officer. The Steering Committee will meet face-to-face for the first time in the first quarter and one other time in the first year. Face-to-face meeting shall also occur during grantee meetings. The Steering Committee will meet on a regular basis as determined by consensus. Meetings may be by tele/video conference and logistics and projected costs of logistical arrangements must be appropriately represented in the National Center's yearly budget.

The Steering Committee chair will be the National Center project director.

CMHS staff will be full members of any subcommittees. The CMHS Project Officer(s) will provide consultation on, and may disapprove of, activities that are not in keeping with the goals of the Initiative and may exercise decision making authority in cases of important decisions on which the Steering Committee is unable to reach consensus.

The Steering Committee is expected to devise a set of criteria by which administrative and collaborative activities and procedures essential to the Organizational Phase of the Initiative can be measured. Such criteria will be used by the Steering Committee to determine if Participating Centers have achieved enough success in the Organizational Phase to shift resources into activities associated with the Operational Phase.

The Steering Committee is expected to develop and approve procedures to constructively reduce potential conflicts among the Centers or staff, and to devise procedures for reaching consensus.

The Steering Committee is expected to prioritize objectives and activities, coordinate activity planning and decision making, finalize plans for NCTSI wide activities, reports, protocols (assessment, treatment, data collection, etc.), standards and common data measures, and procedures for monitoring coordination among centers.

Costs associated with participation and travel on the Steering Committee will be borne by each awardee and reflected in each individual application.

Advisory Board

The Advisory Board will:

consist of eight members appointed by CMHS in consultation with NCTSI awardees. Members will not be staff or consultants at the centers. They must include (a) members who have extensive experience in research, treatment development, and providing services to children who have experienced trauma; b) those who have extensive experience in the function and operations of national initiatives similar in nature to the scope and aims of the NCTSI; (c) representatives of consumer groups, such as parents and trauma survivors; and (d) interested supporters, foundations, etc.

have a chairman to be appointed by CMHS.

provide recommendations to the Steering Committee related to prioritizing and timing of NCTSI activities, identifying child trauma issues that are critical to address, and providing critical feedback on the response of the child trauma field to NCTSI activities and effectiveness. Recommendations will be achieved by consensus of the Board.

be convened at least two times in the first year and thereafter as decided by CMHS in conjunction with NCTSI awardees. Costs associated with Advisory Board meetings will be the responsibility of the National Center and should be included in the budget.

Detailed Information on What to Include in Your Application

In order for your application to be **complete and eligible**, it must include the following in

the order listed. Check off areas as you complete them for your application.

1. FACE PAGE

Use Standard Form 424. See Appendix A in Part II for instructions. In signing the face page of the application, you are agreeing that the information is accurate and complete.

2. ABSTRACT

In the abstract, briefly summarize the major goals of the project, the type(s) of trauma or populations of child trauma victims that are the focus of project efforts, types of treatment and service approaches to be used (if applicable), and the major actions or activities to be engaged in under each of the functional areas described for the applicable categories of this GFA.

In the first 5 lines or less of your abstract, write a summary of your project that can be used in publications, reporting to Congress, or press releases, if funded.

Your total abstract may not be longer 35 lines.

3. TABLE OF CONTENTS

Include page numbers for each of the major sections of your application and for each appendix.

4. BUDGET FORM

Standard Form 424A. Fill out sections B, C, and E of the Standard Form 424A. Follow instructions in Appendix B, Part II.

Support should be requested for three years and a separate budget provided for each year of the award.

Although the **budget** for the proposed project is not a review criterion, the Review Group will be asked to comment on the budget after the merits of the application have been considered.

**5. PROGRAM NARRATIVE
AND SUPPORT DOCUMENTATION**

These sections describe your project. The program narrative is made up of Sections A through D. **More detailed information of A-D follows #10 of this checklist.** Sections A-D may not be longer than 30 pages.

Your project will be considered at two different levels. Section A (first level) reviews your organization's existing experience and capabilities. Sections B-D (second level) evaluates the implementation plan, monitoring/evaluation, and project management activities.

During the review, your project **must** score at least 60 points in Section A for it to be considered for review of sections B-D.

- Section A-** Organizational Qualifications and Experience
- Section B -** Implementation Plan
- Section C -** Monitoring/Evaluation
- Section D -** Project Management
- Section E -** NOT REQUIRED

The supporting documentation for your application is made up of sections F through I. There are no page limits for these sections, except for Section G, the Biographical Sketches/Job Descriptions.

- Section F-** Literature Citations
This section must contain complete citations, including titles and all authors, for any literature you cite in your application.

- Section G -** Budget Justification, Existing Resources, Other Support

- Section H-** Biographical Sketches and Job Descriptions

-- Include a biographical sketch for the project director and for other key positions. Each sketch should not be longer than **2 pages**. If the person has been identified but not hired, include a letter of commitment from him/her along with a biographical sketch; otherwise, include a position description.

-- Include job descriptions for key personnel. They should not be longer than **1 page**.

-- *Sample sketches and job descriptions are listed in Item 6 in the Program Narrative section of the PHS 5161-1.*

- Section I-** Confidentiality/Human Subjects

The seven areas which need to be addressed in the Confidentiality/Human Subjects section are described in detail after the Project Narrative section of this document.

6. APPENDICES 1 THROUGH 4

Use only the appendices listed below.

Don't use appendices to extend or replace any of the sections of the Program Narrative (reviewers may not consider them if you do).

Don't use more than **30 pages** for the appendices.

Appendix 1:
Schedules and Time lines of Activities, Reports, and Products

Appendix 2:

Letters of Agreement, Memoranda of Understanding or other documentation of collaboration with other potential centers or programs

Appendix 3:

Letter to Single State Agency (if applicable, see Part II, page 3. For an on-line listing of Single State Agency contacts go to www.samhsa.gov/grants.html, click on link to Assistance with Grant Applications, then click on link to Materials for Applying for Grants or Cooperative Agreements).

Appendix 4:

Sample Consent Forms

7. ASSURANCES

Non-Construction Programs. Use Standard form 424B found in PHS 5161-1. See Part II, page 9.

8. CERTIFICATIONS

See Part II, page 9. A list of certifications is included in the PHS form 5161-1..

9. DISCLOSURE OF LOBBYING ACTIVITIES

10. CHECKLIST

See Appendix C in Part II for instructions.

Project Narrative Highlighted

Your application consists of addressing sections A through I. **In Sections A through D, the project narrative parts of the application, describe your organization and what is intended to be done with your project.** Detailed information on how to respond to Sections A through D is provided below.

Sections A through D may not be longer than 30 pages.

A peer review committee will assess the application based on how well these sections are addressed.

The number of points after each main heading helps the review committee evaluate that category.

Reviewers will also be looking for cultural competence. Cultural competence means attaining the knowledge, skills, and attitudes to enable administrators and practitioners within systems of care to provide effective care for diverse populations. This includes an understanding of a group's or member's language, belief, norms, and values, as well as socioeconomic and political factors which may have significant impact on their psychological well-being, and incorporating those variables into assessment and treatment.

For Category I Applicants: National Center for Child Traumatic Stress

Section A: Organizational Qualifications and Experience (100 points)

The applicant must score at least 70 points in Section A to qualify for further consideration. The application will not undergo review of Sections B-D if it has not scored 70 points or more in Section A of the Project Narrative portion of the application.

1. Personnel (40 points)

Describe the proposed National Center Director's qualifications for assuming this position in terms of stature in the trauma field, prior leadership and administrative experience, familiarity with providing services to children in the community, and connection to national organizations concerned with child trauma, to key advocates, and to clinical and research leaders in the field of child traumatic stress.

Identify other key staff who will participate in National Center activities and describe their qualifications and experience in child trauma.

Describe existing services research experience and current research interests among staff that will be closely associated with activities of the National Center.

Describe staff understanding of and involvement in the functioning of services systems which include traumatized children within their service populations, such as the mental health, substance abuse, child care, schools, juvenile justice, child welfare, and child protective services, and experience in working with or in such systems.

Describe the experience of staff in interacting with national and local professional, policy, and advocacy organizations concerned with child trauma.

2. Operational & Collaborative Experience (60 points)

Operational

Describe the range of experience of the applicant organization in treatment or service delivery and development in the field of child or adolescent traumatic stress.

In terms of its experience, describe the organization's capacity to perform sophisticated program evaluation and clinical research studies, to engage in national dissemination of findings and to provide technical assistance training.

Describe the organization's experience and current capacity in organizing, sponsoring, or participating in national forums relevant to issues in child trauma (e.g., national meetings, established workgroups, ongoing contact with policy makers, funders, or opinion leaders).

Describe the experience of the organization in collaborating with or providing training and/or consultation to service providers. On what scale is the experience- national, regional, community? How has it involved child service systems (such as school systems, state/county mental health services, child welfare, protective services, rehabilitative services for children with physical and developmental problems, juvenile justice system, emergency medical services, disaster services, refugee services) that focus their activities on the prevention, nature and treatment of the psychological and social sequelae of trauma in children?

Describe prior experience and current capacity of the organization in developing awareness among professionals and the general public of child trauma issues (e.g., regular presentations before practitioner and public groups, involvement in media campaigns; regular publication of information for professional and lay audiences).

Describe the current capacity (e.g., clinical databases) that exists in the organization to collect, store and analyze clinical data, including the types of data collected and how such data are used by the organization.

Collaborative

Describe the organization's experience and capacity to provide leadership in coordination/collaboration (e.g., establishing coordination and linkages with multiple sites in treatment development or other endeavors, developing linkages with professional and client groups, developing large scale initiatives).

Describe previous and existing relationships between the organization and others prominently involved in child traumatic stress, including potential Treatment/Services Development Centers and Community Practice Centers. What is the nature of the collaboration? How specifically will these relationships contribute to the successful functioning of the organization in the NCTSI? Provide documentation of any formal collaborative arrangements (e.g., Letters of Agreement) in Appendix 2.

Describe the organization's experience, technical expertise and administrative ability to coordinate cross-site program evaluations.

Section B: Implementation Plan (65 points)

The NCTSI envisions an ambitious approach to child trauma treatment/service improvement. The Treatment/Services Development Centers have expertise and primary responsibility for development provision and improvement of specific treatment/service approaches. Community Practice Centers have primary responsibility for implementing and evaluating treatments and services in the community. The National Center, through its leadership and coordinating functions, must ensure that the overall approach to T/S improvement and

development is comprehensive and addresses priority issues, including: 1) T/S for different types of trauma, 2) developmentally appropriate T/S, and 3) access to and availability of T/S, and 3) access to and availability of T/S to traumatized children and adolescents in specialty sectors, such as schools, hospitals, juvenile justice, child welfare and child protection systems. The National Center is expected to provide leadership both nationally and within the context of the NCTSI.

Each of the four distinct functions identified below (#1-4) will be viewed as equally important elements in assigning a score to this section. Please make sure to address each of them thoroughly and label your narrative responses under separate headings that match the function headings below.

1. Leadership

Describe a) overall short-term goals of the project that are expected to be accomplished in the three-year grant period and b) longer-term goals that can be initiated during the grant period but will require a three- to five-year period or longer to accomplish. Indicate which goals will largely be accomplished during the Organizational Phase of the project and which in the Operational Phase.

Describe how the National Center would ensure that the NCTSI comprehensively addresses T/S for all types of trauma, age of victims, and service settings.

Describe the types of service and clinical data that need to be collected (e.g., characteristics of the children and families served by NCTSI programs, availability and accessibility of services in communities in which NCTSI Centers are located, the range of interventions being utilized, the characteristics of the children and families served by NCTSI

programs, availability and accessibility of services in communities in which NCTSI Centers are located, the range of interventions being utilized, the characteristics of those delivering services) and the procedures that should be used to collect it. How might this information be used in NCTSI agenda setting and planning activities?

Describe a preliminary set of activities for successfully providing national leadership in the following areas:

- Child trauma treatment and service delivery policy issues
- Developing support for child trauma treatment and services and for increasing the availability and financing of child trauma services.

Describe the role the National Center would play in disseminating information on effective trauma treatment and services to assist providers, consumers, the general public and other stakeholders.

2. Coordination and Program Support

Collaboration and coordination must occur between all organizations functioning within the NCTSI. It is particularly important that such coordination be established and operate effectively before the participating centers begin addressing the intervention development, clinical data collection, knowledge development, and national resource center goals of the NCTSI.

Outline the process which will be followed to initiate linkage, communication, and collaborative arrangements among the participating NCTSI centers when the

project begins, including how these collaborative arrangements will be strengthened and monitored as the project develops. Describe the organizational and administrative procedures proposed to coordinate activities among the NCTSI centers. Indicate obstacles to organizational collaboration and how can they be overcome.

Describe how the Steering Committee and the Advisory Board will function and interact with the National Center in terms of planning and developing Initiative activities.

Indicate how the National Center will exert a leadership role in developing coordinated activities of the Treatment Development and Community Practice Centers. Describe mechanisms that will be used to promote collaboration among the centers in the program.

Describe how the participating NCTSI centers and other organizations and constituencies will be involved in decision-making for Initiative activities.

3. Network Development

Creating a national network of treatment and service delivery centers is a central mechanism by which 1) model child traumatic stress treatment and service delivery interventions can be disseminated and implemented widely, and 2) information on the effectiveness, applicability and feasibility of models in various populations can be gathered and used to adapt existing interventions. A network also provides a route to 3) increase the level of professional awareness of the causes, the consequences, the prevention and treatment of child traumatic stress, and 4) exchange training and consultation, clinical and research, and policy and financing information among key constituencies.

Describe your concept of the national network called for by the Initiative. How will the proposed network accomplish the goals of the NCTSI? What would be the role of the Treatment/Services Development Centers and Community Practice Centers in the plan for a network?

Outline activities to initiate network development activities in the organizational phase of the project. How will all centers be included in the initial network development activities?

Describe plans to establish ties to other child trauma treatment and research programs that are not currently funded under the NCTSI.

Describe plans to establish liaisons with child service systems, such as schools, health and mental health services, child welfare, protective services, rehabilitative services for children with physical and developmental problems, juvenile justice system, emergency medical services, disaster services, refugee services).

Describe involvement of consumer groups, including child, adolescent, and adult trauma victims and their families, in the network. Describe plans to recruit consumer involvement in the network. How will race/ethnicity/culture/social diversity of children and their families and the developmental stage of children be addressed in the activities of the network?

4. National Resource Center Development

Describe plans to collaborate with Treatment/Services Development Centers in developing resources related to treatment and research issues in child traumatic stress, such as T/S for the major types of trauma

that children and adolescents experience, developmentally and culturally appropriate trauma T/S and development of assessment, treatment, services, and evaluation protocols for child traumatic stress.

Describe plans to collaborate with the Community Practice Centers in developing resources related to T/S implementation in the community, service delivery policy, service accessibility and financing information as well as other issues that cut across all aspects of implementing T/S in community settings.

Describe plans to create a set of databases on child trauma including data on (a) available treatment, services and providers in communities across the nation; (b) published references on child trauma; and (c) guiding law and policy or other controlling legislation related to financing, provision of services and other important aspects of the treatment of child traumatic stress. Describe how these databases would be made accessible both to the child trauma treatment and services community and also to the general public.

Describe plans for a consultation and technical assistance component that could provide expert consultation, reference, resources and other assistance to providers of treatment and services to traumatized children and adolescents.

Describe plans for a treatment and service referral component that would respond to inquiries from professionals and the public for individual child trauma cases.

Describe plans for a training component that, in conjunction with Treatment/Service Development Centers and Community Practice Centers, would develop and implement a national program to train

professionals about the nature of child and adolescent trauma and treatment and services for traumatized children and adolescents.

Describe plans for an educational component that would develop programs on child trauma for the public and provide responses to media inquiries regarding child trauma.

Describe a marketing strategy for the resource center that includes a public awareness strategy and aggressive information and services dissemination.

**Section C: Monitoring/Evaluation
(20 points)**

The National Center is required to (1) conduct an evaluation of its own activities and (2) evaluate the overall functioning of the NCTSI.

The expectation is that the development of an evaluation plan, including collection of evaluation data, summarization or analysis of collected data, and reporting of results, will be a priority task.

Describe the qualifications and experience of the project's evaluation staff. If the evaluation staff has not yet been selected, position description(s) listing the minimum qualification and experience requirements should be attached in Section G.

Describe procedures to obtain input from consumer constituencies, especially youth and families, in developing the evaluation plans, in collecting data, and reporting results.

Describe a preliminary plan to evaluate the success of the National Center in achieving its goals, specifying: (1) how the evaluation would assess the degree to which goals/objectives and activities proposed correspond to the scope of the functions specified in this GFA; (2) a proposed set of indicators for completion or success of activities under each function; (3) methods that will be used to collect data on indicators of activities; both qualitative and quantitative methods may be used; (4) how such data might be analyzed (i.e., what would be the goals of the analysis of the evaluation data collected); and (5) how results of the evaluation will be used in goal setting, decision making, activity planning and monitoring.

Describe a preliminary plan to evaluate overall functioning of the NCTSI in achieving its goals, specifying: (1) what information is essential to collect in order to understand the breadth and reach of the Initiative's activities; (2) how well the activities encompassed by NCTSI Centers correspond to the overall aims of the Initiative; (3) a set of indicators for program activities and methods that will be used to collect data on them; both qualitative and quantitative methods may be used; (4) how such data might be analyzed (i.e., what would be the goals of the analysis of the evaluation data collected?); and (5) how results of the evaluation will be used in goal setting, decision making, activity planning and monitoring.

Describe how participating NCTSI Centers will assist in the evaluation of the NCTSI, specifying: (1) a process to collaborate with T/S Development and Community Practice Centers to develop common evaluation and

data collection protocols related to the NCTSI-wide indicators that you have proposed above; (2) a plan of how data will be collected from the centers, stored, summarized and used; and (3) existing organizational resources that would support success of data collection and utilization to aid in evaluating the performance of the participating centers. Indicate what additional resources would be recruited in order to conduct the proposed activities. Also, identify areas in which additional expertise is required and indicate short and long-term plans to recruit or develop such expertise (e.g., staff hiring, training, collaborations, recruiting consultants, development of expert networks).

Describe how your budget plan reflects the resource requirements of the coordination and collaboration called for in this GFA.

Section D: Project Management - Organizational, Equipment/Facilities, and Other Support (15 points)

Provide a project schedule and an activity centered time line to reflect the 3-year project length, the Organizational and Operational Phases, and the time period extending beyond 3 years. Please attach as Appendix 1.

Describe the extent to which the staffing and management plans, project organization, and other resources are appropriate to carrying out all aspects of the proposed project; reflective of the diversity of the target population; sensitive to age, gender, race/ethnicity and other cultural factors related to the target population and to the community to be served.

Provide information about the adequacy and availability of facilities and equipment.

For Category II Applicants: Treatment/Services (T/S) Development Program

Section A: Organizational Qualifications and Experience (100 points)

The applicant must score at least 70 points in Section A to qualify for further consideration. The application will not undergo review of Sections B-D if it has not scored 70 points or more in Section A of the Project Narrative portion of the application.

1. Personnel (40 points)

Identify the individual who will function as the Project Director for the T/S Development Center and describe his/her qualifications for assuming this leadership role. The qualifications should be explained in terms of stature in the trauma field, prior leadership and administrative experience, familiarity with and experience in trauma treatment and providing services for child trauma in the community, and connection to national organizations concerned with child trauma and to key clinical, practice, and research leaders in the field of child trauma.

Identify other key staff who will participate in the activities of the T/S Development Center and describe their qualifications and experience in child trauma.

For the staff that will be closely associated with programmatic activities of the Treatment/Services Development Center, briefly describe their treatment and services research experience and current research,

treatment/services, and clinical/services training interests relevant to child trauma.

2. Operational and Collaborative Experience (60 points)

Operational

Briefly describe your organization's current treatment/services activities, organizational structure, and community links, such as receipt of referrals from community service systems.

Briefly describe the effective treatments and services for traumatized children and adolescents that your organization has developed and used, and additional promising treatment and service approaches that may merit further development.

Briefly describe the organization's experience and expertise with, and capacity to develop, assessment and treatment protocols, and experience in performing sophisticated program evaluation and treatment outcome studies.

Briefly describe the organization's experience, technical expertise and administrative ability to coordinate cross-site T/S outcome studies.

Briefly describe the experience of your organization in collaborating with or providing training and/or consultation to service providers. On what scale is the experience - national, regional, community? How has it involved child service systems such as school systems, state/county mental health services, child welfare, protective services, rehabilitative services for children with physical and developmental problems,

juvenile justice system, emergency medical services, disaster services, refugee services)?

Describe current capacity in your organization to collect, store and analyze clinical data (e.g., clinical databases); what types of data are being collected and how are such data used by the organization?

Describe the extent to which your organization is partnered with other institutions or programs whose primary function is to deliver care to traumatized children.

Describe the involvement or input of consumer representatives in the organization's operations.

Collaborative

Provide a statement indicating willingness of the organization and its staff to participate in the following NCTSI activities: (1) participating in the NCTSI Steering Committee and implementing consensus decisions made by the Committee; (2) collaborating with other T/S Development Centers and Community Practice Centers in a comprehensive approach to identifying, improving, developing and/or evaluating child trauma treatment and services approaches; (3) participating with other NCTSI centers in: a) multi-site treatment/services evaluation and clinical data collection studies; b) development of clinical data and evaluation data collection protocols and providing such data to the NCTSI, and c) development of professional training and community education programs in areas of child trauma; and (4) serving as an expert resource

for the NCTSI and the national resource center in knowledge development and consultation and training with respect to areas of child trauma.

Describe previous and existing relationships between your organization and others prominently involved in child traumatic stress, including potential National Center, Treatment/Services Development Centers and Community Practice Centers. Provide documentation of any formal collaborative arrangements (e.g., Letters of Agreement) in Appendix 2.

Describe the organization's experience in and currently existing collaborations with community service providers, and with consumer and advocacy groups.

Describe past or current involvement in multiple-site treatment development or clinical research studies including the organization's experience, technical expertise and administrative ability to coordinate cross-site program evaluations.

Section B: Implementation Plan (70 points)

Each of the five distinct functions identified below (#1-5) will be viewed as equally important elements in assigning a score to this section. Please make sure to address each of them thoroughly and label your narrative responses under separate headings that match the function headings below.

1. Coordination and Program Support

Describe how your participation as a center in the NCTSI will contribute to achieving the overall aims of the NCTSI as defined in this GFA. Identify the critical child trauma

treatment/service issues that must be addressed by the NCTSI and for which your organization has the necessary experience and expertise to substantially contribute to NCTSI efforts to address these issues.

Describe how you would plan to interact and collaborate with the National Center, with other Treatment/Service Development Centers and with Community Practice Centers in this Initiative.

Specify a set of short-term and long-term goals that would be consonant with the overall goals of the NCTSI and the participation of your center. Short-term goals should include linking, networking, collaborating, providing treatment services and coordinating goals with other centers during the Organizational Phase.

Describe the fit between the overall operation of your organization and your participation in the NCTSI. Describe the potential benefits and problems for your organization or staff from participating in the NCTSI.

Describe the challenges you foresee and process you will follow in collaborating with the National Center, other T/S Development Centers, and Community Practice Centers; describe what mechanisms you intend to use to facilitate cross-center collaboration and coordination. How can the NCTSI Steering Committee be best utilized to assist in this critical need?

2. Network Participation

Discuss how you foresee your center participating in the network to promote the goals and objectives of the NCTSI.

Discuss how you plan to use network participation to enhance or improve your efforts to develop effective treatment and services approaches in your area of child trauma expertise.

Discuss how you could contribute your expertise in child trauma and in treatment/service development to the NCTSI, to the child trauma field, to the wider child service field, to consumers, and to the public; describe any initiatives within the context of operation of the network that you would like to see developed.

Discuss how interactions between NCTSI centers should be operationalized on the network.

Describe the resources your organization could supply to help in developing the network or improving its operation. Which additional treatment/service programs, constituencies, resources could you recruit for participation in the network?

3. Knowledge Development

Describe a plan to collect, analyze, and use clinical, service and clinical research data on children and adolescents who have experienced trauma, specifying: (1) development of clinical data collection protocols from centers and programs providing treatment and services to children and adolescents in areas of trauma in which your center has expertise; (2) collection, analysis, and use of clinical case-level data

collected at T/S Development and Community Practice Centers and other child trauma treatment programs, especially in areas of trauma in which your center has expertise; (3) collection of program data on intervention development and implementation experiences from programs providing treatment and services to traumatized children to provide information about effective approaches to and difficulties encountered in developing trauma intervention programs; (4) in collaboration with other NCTSI centers collection and use of data on quality, availability, and accessibility of services in communities in which NCTSI Centers are located; and (5) ability to support and perform clinical research on the nature of and risk factors for traumatic stress reactions, their consequences, and treatment and service approaches for children and adolescents. In the Organizational Phase of the project, centers should focus on planning clinical data collection procedures and protocols and identifying significant clinical research issues. The Operational Phase would be devoted to actual clinical and services data collection and other knowledge development activities.

Describe a process to develop clinical data on child trauma cases and services; describe how you will collaborate with the National Center and other NCTSI centers in developing and implementing such protocols. Participating centers that are providing clinical services will be required to implement such a protocol as part of their participation in the NCTSI.

Outline a preliminary set of goals and objectives for successfully performing

research activities. The project implementation plan should describe both (1) short-term objectives and supporting activities that can be implemented successfully within the 3 year grant period and (2) a set of longer term goals, objectives and supportive activities plan that can be initiated within the 3 year grant period, but require a longer period, three to five years or more, to complete implementation and realize results.

Describe a plan for coordinated research efforts among the T/S Development Centers as well as the involvement of Community Practice Centers in clinical research projects with children and adolescents who have experienced trauma.

Propose short and long-term plans to collect service data from NCTSI clinical sites (Treatment /Service Development and Community Practice Centers) and (potentially) other child trauma treatment programs; propose the type of data to be collected and the procedures that will be used to collect it.

Describe how race/ethnicity/culture/age and other population differences of children and their families will be addressed in the activities proposed for the function.

4. Developing Effective Treatment and Service Delivery Approaches

The ultimate goal of better treatment outcomes is determined by more than the effectiveness of intervention. Improvement in interventions received by traumatized children also depends on such contextual issues as quality of services actually received in community settings,

effectiveness of service delivery, disparities in quality and availability of services among community or population groups, and quantity of services received. It is critical to the success of the NCTSI that effective treatment and services be delivered to traumatized children and adolescents in community settings in which they usually receive or could receive services.

Within the three year time line of this initial NCTSI grant period, it is unlikely that new or untested interventions can be developed and adequately evaluated, although such treatment development activities should be a long-term goal of the Initiative. The T/S Development Centers should devote considerable attention in this initial grant period to a) identification of treatments, assessment, screening and services that traumatized children receive in different communities and service contexts; b) support for implementation and evaluation of treatments and service interventions that demonstrate evidence of effectiveness or promise of effectiveness based on the conceptual strength of the trauma intervention model (such as best practice approaches of service delivery); c) development of assessment, screening, and service models to improve quality and effectiveness of interventions received, and d) enhancement of identified effective treatments (such as by manualization, development of training or implementation materials).

Describe a plan or process for developing, improving and providing intervention approaches in your area(s) of child trauma expertise; describe a set of objectives and activities for successfully performing the function. The project implementation plan should describe both (1) short-term objectives and supporting activities that can

be implemented successfully within the 3 year grant period and (2) a set of longer term goals, objectives and supportive activities plan that can be initiated within the 3 year grant period, but require a longer period to complete implementation and realize results.

Describe how you envision collaborating with Community Practice Centers to implement and evaluate new or improved treatment/services in their community contexts.

Describe how you envision interacting and collaborating with the National Center and with other T/S Development Centers in improving child trauma treatment and services.

Describe how race/ethnicity/cultural diversity of children and their families and the developmental stage of children will be addressed in treatment/service implementation and evaluation.

5. Child Traumatic Stress Resource

The T/S Development Centers should collaborate with the National Center in developing resources related to their area(s) of child traumatic stress expertise. In these areas T/S Development Centers would serve as a resource for training, consultation and technical assistance on effective treatment and services and support publication and electronic dissemination of information to professionals and the public on those child trauma issues.

Describe plans to participate in the following components of a resource center, specifically by: (1) providing expert technical assistance through consultation, reference, resources

and other assistance to providers of treatment and services to traumatized children and adolescents; (2) developing, in conjunction with the National Center, a national program to train professionals about the nature of child and adolescent trauma and treatment and services for traumatized children and adolescents; and (3) developing educational programs on child trauma for the public and to provide responses to media inquiries regarding child trauma. During the Organizational Phase of the project, resource center development activities should be primarily focused on planning the resource center and recruiting resources for the center and during the Operational Phase on participation in development of resource capacity and in training and consultation activities.

Describe a set of goals, objectives and activities for successfully participating in the development of a national child trauma resource center, especially in your area of trauma expertise. The project implementation plan should describe both short-term and long-term objectives and supporting activities.

Describe collaborations, consultations, or other interactions with additional organizations or constituencies that will be employed to develop the resource capacity.

Section C: Monitoring/Evaluation (20 points)

The expectation is that the development of an evaluation plan, including collection of evaluation data, summarization or analysis of collected data, and reporting of results, will be

a priority task. With regards to some issues, consensus should be achieved among the National, T/S Development and Community Practice Centers on the types of evaluation data that will be most useful for monitoring, planning, decision-making, and in achieving useful communication and collaboration among the centers participating in the Initiative.

Provide a preliminary plan to evaluate the functioning of your Treatment Development Center in achieving its goals, specifying: (1) how the evaluation would assess the degree to which goals/objectives and activities proposed correspond to the scope of the functions specified in this GFA; (2) a proposed set of indicators for completion or success of activities under each function; (3) methods that will be used to collect data on indicators of activities; both qualitative and quantitative methods may be used; (4) how such data might be analyzed (i.e., what would be the goals of the analysis of the evaluation data collected); and (5) how results of the evaluation will be used in goal setting, decision making, activity planning and monitoring.

Discuss plans to collaborate with the National Center and other T/S Development Centers in developing the evaluation protocol for the operation of T/S Development Centers which includes, at a minimum, description and documentation and/or measurement of the events, processes, achievements and difficulties encountered in implementing activities and reaching goals and objectives you have outlined for your project. During the Organizational Phase, evaluation activities should focus on collecting information on the process and success of organizing and participation in the NCTSI network, in establishing linkages and working relations

with other centers, in planning for coordinating activities, and on collaborating with the other centers on developing data collection protocols for assessing activities and goal attainment. During the Operational Phase the focus of evaluation activities would expand to include evaluation implementation and data collection.

Describe the qualifications and experience of the project's evaluation staff. If the evaluation staff has not yet been selected, position description(s) listing the minimum qualification and experience requirements should be attached in Section G.

Describe procedures to obtain input from consumer constituencies, especially youth and families, in developing the evaluation plans, in collecting data, and reporting results.

Section D: Project Management - Organizational, Equipment/Facilities, and Other Support (10 points)

Provide a project schedule and an activity centered time line to reflect the 3-year project length, the Organizational and Operational Phases, and the time period extending beyond 3 years. Please attach as Appendix 1.

Describe the extent to which the staffing and management plans, project organization, and other resources are appropriate to carrying out all aspects of the proposed project; including the provision of treatment services reflective of the diversity

of the target population; sensitive to age, gender, race/ethnicity and other cultural factors related to the target population and to the community to be served.

Provide information about the adequacy and availability of facilities and equipment.

Describe how your budget plan reflects the resource requirements of the coordination and collaboration called for in this GFA.

**For Category III Applicants:
Community Practice Program**

Section A: Organizational Qualifications and Experience (100 points)

The applicant must score at least 70 points in Section A to qualify for further consideration. The application will not undergo review of sections B-D if it has not scored 70 points or more in Section A of the Project Narrative portion of the application.

1. Personnel (40 points)

Identify the individual who will function as the Community Practice Center Director and describe his/her qualifications in terms of clinical and service training, training and experience in child trauma interventions, prior leadership and collaboration experience, familiarity with the community and its subpopulations, and connection to key community leaders, service providers, and child service sector personnel.

Identify other key staff who will participate in Community Practice Center activities and describe their qualifications and experience in child trauma, in services development and implementation, and in community education, service provider training and consultation.

Describe the experience of staff in interacting with local professional, policy, and advocacy organizations concerned with child trauma or related issues.

Describe the experience of staff in interacting or providing services in specialized child service sectors, such as schools, juvenile justice, child health, child welfare, rehabilitation, or protective services.

2. Operational and Collaborative Experience (60 points)

Operational

Indicate the numbers and characteristics (e.g., types of trauma, ages, race/ethnicity, referral source) of child and adolescent trauma victims typically seen at the center.

Describe the types of programs and services provided by the program (e.g., types of treatment, supportive services, training, education, consultation); describe the level of residence of programs (e.g., outpatient, inpatient, school or juvenile justice settings).

Discuss your organization's current efforts in outreach efforts to the community in the area of child trauma, including identifying and providing trauma services to children

and families who do not present for services, in training community providers in child trauma services, in developing or monitoring trauma services appropriate to the race/ethnicity/culture/age of the community's service population, in community education on child trauma issues, and in education and training of staff in specialty child service systems, such as juvenile justice, emergency medical services, or child protective services.

Discuss the extent to which clinical case data are currently collected, especially on children and adolescents receiving services for trauma, and the types of such data and how clinical data are summarized and used.

Discuss your organization's past experience in collecting client outcome data for the services provided by your organization; describe any participation in multi-site evaluation or outcome studies.

Describe best practice approaches to treatment and services that are implemented for child and adolescent trauma victims in your program.

Describe current involvement of consumer constituencies, especially child and adolescent trauma victims and their families, in activities related to service provision, training, community education and outreach,

Collaborative

Provide a statement indicating willingness of the organization and its staff to participate in the following NCTSI activities: (1) participating in the NCTSI Steering Committee and implementing consensus decisions made by the Committee; (2)

collaborating with T/S Development and other Community Practice Centers in identifying, improving, developing and/or evaluating child trauma treatment and services approaches; (3) participating with other NCTSI centers in: a) multi-site treatment/services evaluation and clinical data collection studies; b) development of clinical data and evaluation data collection protocols and providing such data to the NCTSI, and c) development of professional training and community education programs in areas of child trauma; and (4) Serving as a resource for the NCTSI and the national resource center in aspects of community T/S delivery, intervention development and evaluation.

Describe your organization's experience in collaborating with other treatment/service providers or referral sources, establishing coordination and linkages with other service providers in service provision or other endeavors, developing linkages with professional and client group in the community, and developing community-wide initiatives.

Describe previous and existing relationships between your organization and other organizations involved in providing child traumatic stress services, including potential National Center, Treatment/Services Development Centers and Community Practice Centers. What is the nature of the collaboration? How specifically will these relationships contribute to the successful functioning of your organization in the NCTSI? Provide documentation of any formal collaborative arrangements (e.g., Letters of Agreement) in Appendix 2.

Describe your organization's experience in collaboration or liaison with local child service systems, such as schools, medical treatment, protective service, child welfare, juvenile justice.

Describe your organization's experience in providing community education, and training or consultation on child trauma to service providers in your community.

Describe experience of the program or program staff in conducting or participating evaluation of treatment/service programs or in other clinical research, especially in the area of child trauma.

Section B: Implementation Plan (65 points)

Each of the four distinct functions identified below (#1-4) will be viewed as equally important elements in assigning a score to this section. Please make sure to address each of them thoroughly and label your narrative responses under separate headings that match the function headings below.

1. Coordination and Program Support

Describe how the participation of your organization in the NCTSI might improve and expand treatment and services to children and adolescents in your community who have experienced trauma; describe how participation of your organization in the NCTSI will improve the effectiveness of treatment and services for child trauma in general.

Describe how you would plan to interact and collaborate with the National, T/S

Development Centers and Community Practice Centers in this Initiative.

Describe short and long-term goals for your participation in the NCTSI. Short-term goals should include linking, networking, collaborating and coordinating goals with other centers during the Organizational Phase.

Describe the challenges you foresee and the techniques that will be implemented for building and sustaining cooperation and collaboration with other centers in the NCTSI program.

2. Network Participation

Discuss how the network should operate to promote the goals and objectives of the NCTSI, including what functions should the network fill in the NCTSI from the perspective of community service providers, and what procedures should be implemented in the operation of the network to optimize its performance and its impact.

Discuss how you plan to use network participation to enhance your efforts to implement improved child trauma services in your community.

Indicate which additional treatment/service programs, constituencies and resources that your organization could recruit for participation in the network.

3. Knowledge Development

Describe the role your center would play in collaborating with other NCTSI centers in developing and implementing clinical data collection protocols for child trauma client and service data. In the Organizational Phase of the project, centers should focus on collaborating in planning clinical data collection procedures and protocols and identifying significant clinical research issues. The Operational Phase would be devoted to actual clinical and services data collection and other knowledge development activities.

Describe your current clinical data collection activity and plans to incorporate a NCTSI clinical data protocol into your existing clinical data collection.

Describe any available data collection on child trauma services, specifically, or child mental health services received by children and adolescents in your community, plans to expand your center's capacity to collect such data from your community, and plans to share such data with NCTSI network participants and with the national resource center.

Describe how your organization plans to commit resources to participation in NCTSI cross-center evaluations of child trauma treatment and services.

4. Community Services and Outreach

Outline plans to expand or improve child trauma treatment services that you implement in your community with NCTSI grant resources; how would these plans fit with the overall NCTSI goals?

Describe the role your center would play in identifying and providing effective treatments and services for child trauma and in improving existing child trauma treatments and services.

Describe the role your center would play in implementing new potentially effective child trauma treatment and services developed or used by other NCTSI Centers.

Describe additional resources that will be needed/recruited to implement new/improved treatment and services

Describe approaches you have taken or would like to develop in your community that addresses the racial/ethnic/cultural and age differences of your service population. Describe other new/improved treatment and service approaches you are interested in developing.

Describe plans to expand participation of consumer constituencies in your communities in activities initiated by your center under the NCTSI.

Discuss the role your center could play in collaborating with other NCTSI centers in developing and implementing service provider and public education and training materials on child trauma and describe such programs you have developed or implemented in your own community; discuss how such programs or your organization's resources could contribute to provider training and public education efforts of the NCTSI.

Section C: Monitoring/Evaluation (20 points)

Provide a preliminary plan to evaluate the functioning of your Community Practice Center in achieving its goals, specifying: (1) how the evaluation would assess the degree to which goals/objectives and activities proposed correspond to the scope of the functions specified in this GFA; (2) a proposed set of indicators for completion or success of activities under each function; (3) methods that will be used to collect data on indicators of activities; both qualitative and quantitative methods may be used; (4) how such data might be analyzed (i.e., what would be the goals of the analysis of the evaluation data collected); and (5) how results of the evaluation will be used in goal setting, decision making, activity planning and monitoring.

Discuss plans to collaborate with the National Center and other Community Practice Centers in developing the evaluation protocol for the operation of Community Practice Centers which includes, at a minimum, description and documentation and/or measurement of the events, processes, achievements and difficulties encountered in implementing activities and reaching goals and objectives you have outlined for your project. During the Organizational Phase, evaluation activities should focus on collecting information on the process and success of organizing and participation in the NCTSI network, in establishing linkages and working relations with other centers, in planning for coordinating activities, and on collaborating with the other centers on developing data collection protocols for assessing activities and goal attainment. During the Operational Phase the focus of evaluation activities would

expand to include evaluation implementation and data collection.

Describe the qualifications and experience of the project's evaluation staff. If the evaluation staff has not yet been selected, position description(s) listing the minimum qualification and experience requirements should be attached in Section G.

Describe procedures to obtain input from consumer constituencies, especially youth and families, in developing the evaluation plans, in collecting data, and reporting results.

Section D: Project Management - Organizational, Equipment/Facilities, and Other Support (15 points)

Provide a project schedule and an activity centered time line to reflect the 3-year project length, the Organizational and Operational Phases, and the time period extending beyond 3 years. Please attach as Appendix 1.

Describe a staffing pattern that is appropriate and adequate for the project.

Describe the extent to which the staffing and management plans, project organization, and other resources are appropriate to carrying out all aspects of the proposed project; reflective of the diversity of the target population; sensitive to age, gender, race/ethnicity and other cultural factors related to the target population and to the community to be served.

Describe the qualifications and experience of proposed consultants and subcontractors.

Provide information about the adequacy and availability of facilities and equipment.

Confidentiality and Human Subjects

You must address 7 areas regarding confidentiality and Human Subjects in your supporting documentation. However, no points will be assigned to this section.

This information will:

Reveal if the protection of participants is adequate or if more protection is needed.

Be considered when making funding decisions.

Some projects may expose people to risks in many different ways. In Section I of your application, you will need to:

Report any possible risks for people in your project.

State how you plan to protect them from those risks.

Discuss how each type of risk will be dealt with, or why it does not apply to the project.

The following 7 issues must be discussed:

Protect Clients and Staff from Potential Risks:

Identify and describe any foreseeable physical, medical, psychological, social, legal, or other risks or adverse effects.

Discuss risks which are due either to participation in the project itself, or to the evaluation activities.

Describe the procedures that will be followed to minimize or protect participants against potential health or confidentiality risks. Make sure to list potential risks in addition to any confidentiality issues.

Give plans to provide help if there are adverse effects to participants, if needed in the project.

Where appropriate, describe alternative treatments and procedures that might be beneficial to the subjects.

Offer reasons if you do not decide to use other beneficial treatments.

Fair Selection of Participants:

Describe the target population(s) for the proposed project. Include age, gender, racial/ethnic background. Address other important factors such as homeless youth, foster children, children of substance

abusers, pregnant women, or other special population groups.

Explain the reasons for using special types of participants, such as pregnant women, children, institutionalized or mentally

disabled persons, prisoners, or others who are likely to be vulnerable to HIV/AIDS.

Explain the reasons for including or excluding participants.

Explain how you will recruit and select participants. Identify who will select participants.

Absence of Coercion:

Explain if participation in the project is voluntary or required. Identify possible reasons why it is required. For example, court orders requiring people to participate in a program.

If you plan to pay participants, state how participants will be awarded money or gifts.

State how volunteer participants will be told that they may receive services and incentives even if they do not complete the study.

Data Collection:

Identify from whom you will collect data. For example, participants themselves, family members, teachers, others. Explain how you will collect data and list the site. For example, will you use school records, interviews, psychological assessments, observation, questionnaires, or other sources?

Identify what type of specimens (e.g., urine, blood) will be used, if any. State if the material will be used just for evaluation and research or if other use will be made. Also, if needed, describe how the material will be

monitored to ensure the safety of participants.

Provide in Appendix No. 3, "Data Collection Instruments/Interview Protocols," copies of all available data collection instruments and interview protocols that you plan to use.

Privacy and Confidentiality:

List how you will ensure privacy and confidentiality. Include who will collect data and how it will be collected.

Describe:

- How you will use data collection instruments.
- Where data will be stored.
- Who will or will not have access to information.
- How the identity of participants will be kept private. For example, through the use of a coding system on data records, limiting access to records, or storing identifiers separately from data.

NOTE: If applicable, grantees must agree to maintain the confidentiality of alcohol and drug abuse client records according to the provisions of Title 42 of the Code of Federal Regulations, Part II.

Adequate Consent Procedures:

List what information will be given to people who participate in the project. Include the type and purpose of their participation. Include how the data will be used and how you will keep the data private.

State:

- If their participation is voluntary.
- Their right to leave the project at any time without problems.
- Risks from the project.
- Plans to protect clients from these risks.

Explain how you will get consent for youth, the elderly, people with limited reading skills, and people who do not use English as their first language.

Note: If the project poses potential physical, medical, psychological, legal, social, or other risks, you should get written informed consent.

Indicate if you will get informed consent from participants or from their parents or legal guardians. Describe how the consent will be documented. For example: Will you read the consent forms? Will you ask prospective participants questions to be sure they understand the forms? Will you give them copies of what they sign?

Include sample consent forms in your Appendix 4, titled "Sample Consent Forms." If needed, give English translations.

Note: Never imply that the participant waives or appears to waive any legal rights, may not end involvement with the project, or releases your project or its agents from liability for negligence.

Describe if separate consents will be obtained for different stages or parts of the project. For example, will they be needed for both the treatment intervention and for the collection

of data. Will individuals who do not consent to having individually identifiable data collected for evaluation purposes be allowed to participate in the project?

Risk/Benefit Discussion:

Discuss why the risks are reasonable compared to expected benefits and importance of the knowledge from the project.

APPENDIX A

Background

The term “trauma” has both a medical and a psychiatric definition. Medically, trauma refers to a serious or critical “bodily injury, wound, or shock” (Neufeldt, 1988). In psychological terms, trauma assumes a different meaning, referring to a “painful emotional experience, or shock, often producing a lasting psychic effect” (Neufeldt, 1988).

Various adverse events experienced in childhood and adolescence can have a detrimental effect on the health, well-being and development of affected children and adolescents (Brooks-Gunn and Duncan, 1997; Rutter, 1999). Traumatic events often involve a life-threat, severe physical injury, threat to psychological control or physical or psychological integrity, loss of a primary caretaker, or loss of one’s community or social environment. Traumatic events may occur as episodes of (a) physical and sexual abuse or assault, (b) natural or man-made disasters and catastrophes, (c) physical injuries or incapacitation, such as from motor vehicle or bicycle accidents, animal attacks, or other serious accidents, (d) chronic, severe, or painful medical conditions or invasive or painful medical procedures, (e) witnessing or experiencing family or community violence, (f) traumatic loss of family members, friends and other significant attachment figures, and (g) exposure to war, terrorism, kidnappings, political oppression and forced displacement. Traumatic events can be single or repeated events or chronic exposure to or experience of a condition. Many types of trauma include both acute and longer-term components (e.g., acute physical injuries, such as burns, that result in chronic pain, disfigurement or disability or repeated episodes of childhood abuse.

Exposure to traumatic events is common in children and adolescents. In 1998 an estimated 200,000 children were victims of physical child abuse, 100,000 were victims of sexual abuse, and 225,000 were victims of multiple forms of child maltreatment. (U.S. Department of Health and

Human Services, 2000a). Each year approximately 140,000 children and adolescents receive treatment for bicycle-related head injuries; almost 20,000 children are hospitalized because of burns, and 5 of every 100,000 children, aged 0-10, are hospitalized for dog bites (Sosin, et al., 1996; Sacks, Kresnow, and Houston, 1996; Quinlan and Sacks, 1999).

During the event and its immediate aftermath, traumatic events can produce feelings of panic, helplessness, uncontrollable fear or terror and lead to a range of both acute and chronic traumatic stress reactions. The American Psychiatric Association's *Diagnostic and Statistical Manual for Mental Disorders* (DSM-IV) recognizes a number of psychiatric syndromes associated with exposure to stressful and traumatic events including Post Traumatic Stress Disorder, Acute Stress Disorder, and Adjustment Disorder. The impact of trauma on the functioning of children and adolescents can be pervasive. Effects of trauma can include dysphoric emotional states and emotional dysregulation, such as depression, anxiety, and chronic or impulsive outbursts of anger; suicide attempts; behavior problems, such as antisocial behavior and substance abuse; cognitive and motivational distortions, including hopelessness, chronic shame or guilt; learning and academic problems resulting from learning, memory, and attentional difficulties; and interpersonal problems (Leavitt and Fox, 1993; Briere, et al., 1996; Eckenrode, Laird, and Doris, 1993; Gunnar, 2000; Perry and Pollard, 1998; Pollack, Cicchetti, and Klorman, 1998; Shonk and Cicchetti, 2001; Trickett and Schellenbach, 1998). A number of other serious syndromes and pervasive personality distortions are associated with exposure to serious or chronic stress and trauma, including Dissociative Disorders and Borderline Personality Disorder. And yet, many children and adolescents are able to cope effectively with the aftereffects of their trauma exposure through their own resilience, and with support of family and others, and may even derive positive benefits from their experiences.

The severity and chronicity of the stress reactions following exposure to traumatic events can vary greatly. Of particular significance to children and adolescents are the effects on development (Cicchetti and Toth, 1997; Kaufman and Henrich, 2000; Garbarino, Eckenrode, and Powers, 1997; Pynoos, et al., 1999). Exposure to trauma can delay, distort or arrest normal developmental processes in children and adolescents. Developmental effects are a function of the age at which a child is exposed to traumatic events, the developmental issues that they are addressing at the time, the significance of the type of trauma for current and later developmental stages, and how this exposure may affect resources needed for later developmental tasks.

Considerable progress has been made in understanding the prevalence, characteristics, risk factors, and consequences of trauma in children and adolescents. However, knowledge is unevenly developed across areas of child trauma and many fundamental questions have not been adequately addressed, such as which children will experience the most detrimental effects of trauma exposure, the impact of trauma on developmental processes across the stages of development, and determination of the underlying biological, psychological, and social processes that must be targeted by effective interventions (Pfefferbaum, 1997).

Intervention in the aftermath of trauma is perhaps the most significant clinical issue in child and adolescent mental health. Promising interventions for child trauma have been identified (James, 1989; Cohen, Berliner, and March, 2000; Deblinger and Heflin, 1996; March, et al., 1998; Lieberman, Silverman and Pawl, 2000; Marmar, Weiss, and Pynoos, 1995; Pynoos, et al., 1998), but much needs to be done to provide these services to children and their families. The scientific evidence-base is not strong on many critical intervention issues, such as what types of interventions maximize trauma recovery, which children and which types of trauma exposure are effectively treated by different types of intervention approaches, and how intervention approaches should best address developmental issues.

Of particular concern for receipt of intervention services are children in child service systems with high rates of trauma exposures, such as the child welfare and child protective services systems, the juvenile justice system, hospitals and emergency clinics, child rehabilitation services, and service systems for refugee children. (Rosenfeld, et al., 1997; Dubner and Motta, 1999; Clausen, et al., 1998; Crimmins, et al., 2000; Erwin, et al., 2000). These systems provide services to large numbers of children. In 1998, more than 1.8 million reports of child abuse and neglect were investigated by child protective services and 900,000 children were categorized as victims of abuse and/or neglect or at risk for maltreatment. (U.S. Department of Health and Human Services, 2000a). Every day in the U.S. nearly 600,000 children and adolescents are in the child welfare system -- with almost half in non-relative foster care and almost 10 percent in institutional care. (U.S. Department of Health and Human Services, 2000b). In 1997 approximately 125,000 juveniles were in detention (Gallagher, 1999). Approximately 100,000 refugees are admitted into the U.S. every year, many are families arriving from war zones, fleeing political oppression or victims of torture. (U.S. Department of Health and Human Services, 2000c).

In addition to these specialty child service systems, schools are the largest child service system and in every school there will be children whose ability to perform competently is compromised by unrecognized and untreated traumatic stress. Some progress has been made in developing procedures to identify children affected by exposure to traumatic events and provide trauma-focused treatment in school settings (Muris, et al., 2000; McNally, 1996; March, et al., 1998). Development and implementation of effective identification, assessment and treatment approaches in these child service settings would have a significant impact on the mental health of children.

The National Child Traumatic Stress Initiative is designed to address these child trauma issues by providing Federal support for a national effort to improve treatment and services for child trauma, to expand availability and accessibility of effective community services, and to promote better understanding of clinical and research issues relevant to providing effective interventions for children and adolescents exposed to traumatic events.

APPENDIX B

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