



## OHIO DEPARTMENT OF MENTAL HEALTH

Office of Children's Services and Prevention



# ODMH Kids News: Building Ohio's Future

Monthly E-Newsletter

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Special

*May Is Mental Health Month*

Edition

*We are waving our yellow banner today to remind you that good mental health is as important as good physical health.*

### Helping Traumatized youth and Families

My staff and I at the Cullen Center are frequently asked, "How can you manage to work in this type of job?" Working as professionals in the field of child trauma is often viewed by many people as being very difficult and highly distressful. Working in this field means walking side by side with children and families that have survived sometimes terrifying, humiliating, and heartbreaking experiences. However, while it can be challenging, becoming a partner in the healing and recovery process for child traumatic stress survivors and their families has provided us with the most meaningful and rewarding experiences that we have ever encountered.

We learn so many lessons from the children and families that we work with. Many of the people we serve have encountered experiences like abuse, loss of loved ones, car accidents, serious illnesses and injuries, and community and domestic violence. During their journeys of recovery these survivors have shown us the power of courage, hope, honesty, compassion, and determination. They have shown us that taking the time to deal with traumatic experiences creates tremendous opportunities to heal, grow, and reengage in the joys that life has to offer.

**The Mission** of the Cullen Center is to help traumatized youth and their families heal and reclaim their lives after traumatic events. The Center provides accessible evidence-based treatment and works with other organizations, professionals, families, and concerned citizens to help build the community's capacity to respond to the needs of traumatized youth and families.

We were established in 2002 due to a collaborative effort of Toledo Children's Hospital and the Family and Child Abuse Prevention Center. As a community practice center of the National Child Traumatic Stress Network, the center is funded through the U.S. Office of Substance Abuse and Mental Health Services (SAMHSA), Center for Mental Health Services. To date the Cullen Center has served 355 traumatized youth and their families. The primary treatment modality used is the evidence-based Trauma-Focused Cognitive Behavioral Therapy. We also are able to stay true to the model and integrate art and play therapy tools into the treatment process. The Cullen Center has provided trauma-awareness education and training in using TF-CBT to over 1800 professionals, volunteers, youth, families, and concerned citizens.

In 2003, the Cullen Center received another grant from SAMHSA's Youth Violence Prevention Program to provide trauma-focused assessment to youth who are charged with domestic violence and who have a history of trauma. This program is called the CTTOP Program (Cullen Center Trauma Treatment Opportunities Partnership.) The CTTOP program combines Trauma-Focused CBT, family therapy, and case management services to help the youth address the underlying trauma that may be causing or exacerbating the mental health and behavioral difficulties and the resulting involvement in the juvenile justice system. We are currently exploring using an evidence-based family therapy model such as Functional Family Therapy to strengthen the effectiveness of the services. This program was developed from the ground up through a strong collaboration between Lucas County Juvenile Court, Lucas County Mental Health Board, Toledo Children's Hospital, East Toledo Family Center, the House of Emmanuel, the Lucas County Sheriff's Office, the Lucas County Family Council, and Catholic Charities of Greater Toledo.

Being able to help build better futures for traumatized youth and families takes strong partnerships between the clinical professionals and the families, local and state organizations and professionals, and most importantly trauma survivors who are committed to helping others. In addition to the partners already mentioned in this article, we would like to thank our local child protection agency, Lucas County Children Services; our dedicated advisory board members; our fellow comrades and Ohio members of the NCTSN, Cuyahoga County Children Who Witness Violence Program, Mayerson Center of Cincinnati Children's Hospital, and the Ohio Department of Mental Health for providing us with support, guidance, and leadership.

By Kris Buffington, MSW, LISW Project Director  
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### **The devastating impact of violence on its victims**

CLEVELAND—It's hard to ignore the devastating impact of violence on its victims. But how does violence affect the children who witness these acts? Although the children themselves may not be physically injured, it is the lasting psychological effects of witnessing these traumatic incidents that are becoming an increasing cause for concern.

**In order to address the impact domestic and other violence has on children and families, the Cuyahoga County Board of Commissioners and Mental Health Services, Inc.** (MHS) established the Children Who Witness Violence Program (CWWV) in 1999. Funded by the Cuyahoga County Board of Commissioners, the National Child Traumatic Stress Network (NCTSN), and the city of Cleveland, the program's goals are to alleviate the distress caused by the event, to prevent the development of psychosocial, academic and psychological problems, and to protect children by strengthening family function so as to prevent future violence.

"The Children Who Witness Violence program began in Cleveland due to then-County Commissioner Jane L. Campbell's unwavering commitment to the children and families of this community," said Craig Tame, Chief

Health and Public Safety officer. "During my time with the County Department of Justice Affairs, I helped to develop this program which is now recognized as a national model.

This program exists because local leaders like Jane Campbell and community stakeholders had the vision and will to provide critical services to our most vulnerable, and often most forgotten victims—our children."

"We are extremely pleased with the success of our Children Who Witness Violence Program," said Commissioner Peter Lawson Jones. "Studies have amply demonstrated that children who observe assaultive behavior are much more likely to become perpetrators or victims of violent acts themselves. Our program helps disrupt this vicious cycle."

According to NCTSN, 25 percent of children surveyed in one major study had experienced a traumatic event by the age of 16. Estimates are that more than 3 million children are abused, neglected, or exposed to domestic violence each year. Children who witness or experience violent events are also at high risk for the development of serious mental health problems, including post-traumatic stress disorder.

CWWV provides crisis intervention services with licensed social workers, linkage services to ongoing counselors, and supportive services including means to secure food, furniture, clothing, and transportation. Police departments from the communities participating in the program (Cleveland's 1<sup>st</sup>, 4<sup>th</sup>, and 5<sup>th</sup> districts, Euclid, Maple Heights, Lakewood, Beachwood, and Glenwillow) make referrals at the scene of the violent event by calling a 24-hour hotline. Crisis workers then visit the families' home to provide immediate crisis intervention services, and they continue these services for about two to four weeks. Services are free, confidential, and completely voluntary.

"The Children Who Witness Violence Program is a tremendous resource for us," said Commander Michael McGrath of the Cleveland Police Department's fourth district. The officers are sympathetic when they respond to a home and identify children who need help, but they are not trained social workers. It's good to know that we can reach out to a program where someone will respond and address the problem and help end the cycle of violence."

Once the acute trauma has been resolved, and the treatment goals have been achieved, workers recommend any necessary follow-up services and link children with one of 12 organizations that provide therapeutic and supportive services both in the home and the community. The program also utilizes Nora McNamara, M.D., child psychiatrist, to provide psychiatric services for the children who need them.

"Trauma is detrimental to children," said McNamara. "As a community we must bond together to eliminate violence in the lives of our children."

Steven M. Friedman, Ph.D., Executive Director of MHS says the CWWV program is especially important because, "we are working with families who may otherwise be overlooked, and we are assisting the police in their work by making our contribution to ending the cycle of violence in families and the community as a whole."

In the 2003 fiscal year, MHS provided services for 1,278 children in the CWWV program. One of those children was 13-year-old J. Moore, who became involved with CWWV after experiencing the traumatic loss of a parent.

"It helps to have someone to talk to about what you're feeling," says Moore. "If you keep all your feelings inside you sometimes start to feel like what happened is your fault and it can build up and make you feel like you are going to explode."

Moore also attended Camp Bridges, a day camp for children who have experienced traumatic loss. Children participate in a number of team-building activities and are able to discuss their feelings with other children with similar experiences.

"It really helped me to meet someone who went through a situation just like mine. It made me feel like I wasn't alone," said Moore. "One of the things we did was write letters to the person who died and then we put them on little boats and sent them down the river. It helped to be able to say the things I didn't get to say."

Moore hopes that other children who witness a violent event are willing to talk with CWWV workers.

"The counselors help you get through the tragedy of what you saw and you build a bond with them like a friend. I know I can call them if I ever feel sad or just want to talk about anything," she said.

### **Safe and Healthy Children**

The Trauma Treatment Replication Center (TTRC), a joint collaborative of the Mayerson Center for Safe and Healthy Children and The Childhood Trust at Cincinnati Children's Hospital Medical Center, is a Category II Treatment and Service Adaptation (TSA) site in the National Child Traumatic Stress Network (NCTSN). **The Mayerson Center for Safe & Healthy Children is dedicated to the prevention, evaluation, treatment, and research of child abuse and neglect.** It is located at Cincinnati Children's Hospital Medical Center (CCHMC) and includes physicians, psychologists, social workers, nurses, child protection workers, and law enforcement professionals. The Childhood Trust is a joint effort of CCHMC and the University of Cincinnati offering training and consultation on child abuse and family violence.

The purpose of the TTRC is to develop expertise in transferring evidence-based treatments for traumatized children and adolescents to community mental health providers. This is accomplished through a cycle-based dissemination method designed to transfer evidence-based treatments through training and on-site consultation, while continually refining the treatments in real world settings through clinician feedback.

In addition to training and providing follow-up consultation to clinicians, the TTRC works with agency supervisors to implement the model, maintain fidelity to the model and build training capacity within the agency. The TTRC collaborates with agency administrators around issues of billing and sustainability, as well as with third party payers to recognize models as billable therapies to ensure agency reimbursement. This information offers insight about a model's impact in an agency at every level.

The first model being replicated by the TTRC is Parent-Child Interaction Therapy (PCIT). PCIT is an evidence-based treatment model with highly specified, step-by-step, live-coached sessions with the parent or caregiver and the child. The intervention uses a two step approach: 1) Child-Directed Interaction—relationship enhancement; and 2) Parent-Directed Interaction—child behavior management. PCIT focuses on improving the caregiver-child relationship and increasing children's positive behaviors.

For more information about Mental Health Services, Inc and the Children Who Witness Violence Program, please call (216) 361-8646 or visit: <http://www.mhs-inc.org/ChildTraumaServices.asp>.

To date, ninety five clinicians from 17 agencies across 7 states have been trained by the TTRC. The TTRC will begin its ninth cycle of PCIT replication with 20 more therapists in May, 2005. TTRC trainers and additional local experienced PCIT practitioners conduct an intensive 6-day training that consists of lecture, role play, and live coaching. Trainees are given a training package (i.e., PCIT manuals, a resource CD-ROM, parent and therapist packets, fidelity checklists, and data collection measures) and receive follow-up on-site consultation (via teleconference or videoconference for distant sites) when they begin their first PCIT client and continue receiving consultation as needed.

In addition to training individual therapists, the Replication Cycle also allows for sustainability at the agency level. Often, after therapists are trained in PCIT and bring PCIT skills back to their agencies, many agencies request training for their entire staff. In order for the TTRC to meet the widespread demand for PCIT training, we must be able to transfer the capacity for agencies to become their own training centers, both for their own therapists and for other therapists in the community.

The PCIT Implementation Toolkit which we have been developing over the past 3 years is largely complete. This toolkit is intended to provide all of the teaching materials (PowerPoint, handouts, manuals, training tapes, etc) necessary to independently conduct the 30 hours of classroom training/clinical exercises. With this toolkit, agencies will be able to internally support the EBT model independently, especially in terms of training and supervision of new PCIT therapists to replace those who inevitably leave.

The first step to PCIT sustainability within an agency is the creation of the within-agency supervision capacity necessary to guide newly trained therapists on their first cases. This involves our initial training of two (or more) therapists from the given agency and supervising them until they achieve a criterion-defined mastery level of clinical competence. During a subsequent training, we provide the 30 hours of didactic classroom training to additional therapists from that given agency. During this classroom training, the therapists whom we initially trained now work with us in the classroom as co-trainers ("PCIT Coaches"), including coaching the many role-playing exercises that constitute much of the classroom curriculum. This allows us to foster and evaluate Coaches' supervisory skills, as well as, expose them to the entire training a second time. Now, when the newly

trained group of agency therapists begins with their first cases, we use the PCIT Coaches to provide the local on-site clinical supervision, while we serve as a second level of consultation.

In addition to PCIT, we plan to offer training and support for additional trauma focused interventions. These include: 1) a proven school-based 10-session, adolescent group model known as Cognitive Behavioral Intervention for Trauma in Schools (CBITS); 2) Child-Adult Relationship Enhancement (CARE), a simplified version of the PCIT core components for use by residential treatment center staff, foster parents and others working with traumatized children; and 3) a Medical Trauma Toolkit for children and families with seriously injured or medically ill children.

#### TRAINING REQUIREMENTS

- Each agency must send at least two therapists to receive training unless they already have therapist(s) trained in PCIT at their site
- Trainees should be practicing therapists with an active caseload
- Trainees need to attend every day of training
- Trainees are expected to collect data on five clients for the NCTSN core dataset upon completion of training and follow-up consultation
- Trainees are responsible for their expenses, travel, lodging and incidentals
- Upon completion of training, trainees will receive 30 CEUs through the Ohio Counselor, Social Worker and Marriage & Family Therapist Board

For additional information about training opportunities offered through the TTRC, please contact Lisa Connelly at 513-636-0041 or [Lisa.Connelly@cchmc.org](mailto:Lisa.Connelly@cchmc.org)

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#### **NCTSN**

Treatment centers from all over the United States have come together to form a new coalition, the National Child Traumatic Stress Network (NCTSN). The Network, which is currently comprised of 54 centers, is being funded by the [Center for Mental Health Services, Substance Abuse and Mental Health Services Administration](#), US Department of Health and Human Services through a Congressional initiative, the [Donald J. Cohen National Child Traumatic Stress Initiative](#). This Congressional initiative recognizes the profound,

destructive, and widespread impact of trauma on American children's lives. Its purpose is to improve the quality, effectiveness, provision, and availability of therapeutic services delivered to all children and adolescents experiencing traumatic events. The Network will develop and disseminate effective, evidence-based treatments; collect data for systematic study; and help to educate professionals and the public about the effects of trauma on children.

Over the past 20 years significant advances have been made in the field of child traumatic stress. This Network is a groundbreaking effort that blends the academic best practices of the clinical research community with the wisdom of front-line community service providers. The work of Network members ranges across settings, disciplines, age groups, and trauma types, delivering high quality services to large numbers of children and their families. The Network is committed to addressing the full spectrum of child trauma from a developmental and family-centered perspective and to helping children from every ethnic, socio-cultural, and economic background.

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**NCTSN Mission**

To raise the standard of care and improve access to services for traumatized children, their families and communities throughout the United States.

**NCTSN Vision**

The NCTSN will raise public awareness of the scope and serious impact of child traumatic stress on the safety and healthy development of our nation's children and families.

- We will improve the standard of care by integrating developmental and cultural knowledge to advance a broad range of effective services and interventions that will preserve and restore the future of our nation's traumatized children.
- We will work with established systems of care, including the health, mental health, education, law enforcement, child welfare and juvenile justice systems, to ensure that there is a comprehensive continuum of care available and accessible to all traumatized children and their families.
- We will be a community dedicated to collaboration within and beyond the Network to ensure that widely shared knowledge and skills create a national resource to address the problem of child traumatic stress.

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**Training/Workshop/Conference**

The **Ohio's Second Annual Suicide Prevention Coalition Conference** will be held on **June 16, 2005** at The Reece Center, 1209 University Drive, Newark, OH. The Keynote Speaker: Michael F. Hogan, Ph.D., Director of the Ohio Department of Mental Health. The cost for attending is \$25 and checks and money orders should be made out to Mental Health Association of Licking County. Payment is **REQUIRED** for registration and all payment should be sent to: ADAMH Board of Franklin County, 447 East Broad Street, Columbus, OH 43215 by June 3. If you have questions, please call Rachelle Martin at (614) 224-1057. For directions visit: <http://www.thereesecenter.com/reese/>.