What Happened to This Child? Understanding Trauma and Mental Health

Thursday, May 1, 2008
Handout Materials

New York State Office of Children & Family Services

New York State Office of Children and Family Services and SUNY Distance Learning Project
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**DEVELOPMENTAL TASKS and DEVELOPMENTAL LAG INDICATORS ACCORDING TO AGE**

When trying to assess child development and respond to an individual child’s needs, caseworkers and caregivers need to consider the developmental tasks associated with each stage of development. They must also be alert to certain behaviors (or lack of certain behaviors) in order to determine whether a child is progressing in a way that would be considered “typical” for a particular age or stage, or whether there is some factor signaling the existence of a developmental problem(s).

The information below identifies the essential “developmental tasks” that need to occur for each age range. There are specific behaviors that are associated with five separate domains, or areas of development; these developmental domains are physical, emotional, social, mental, and moral. For further information describing the common behaviors associated with each area of development along with suggested caregiver responses that can be used to encourage growth in that area, please refer to the entire document from which this information was taken (“The Child Development Guide” Copyright ©2002 by Research Foundation of SUNY/CDHS).

### Birth- 6 months

**Developmental Tasks**
- Learning to trust others and be secure in the world
- Learning (at an unconscious level) how to get personal needs met

**Indicators Related to Developmental Lag**
- Feeding problems: rejection of breast or bottle; excessive vomiting, colic, or diarrhea that results in weight loss
- Developmental regression: depression; unresponsiveness; failure to smile, show pleasure, or cuddle; rejection of others' efforts to provide comfort
- Inability to see or hear
- Extreme lack of sensory stimulation (touching, seeing, hearing, tasting, smelling) by caregivers, resulting in failure to thrive and possibly death

### 6 months- 1 year

**Developmental Tasks**
- Learning to trust others and be secure in the world
- Improving muscle coordination and becoming mobile
- Acquiring increased control of head, hands, fingers, legs, etc., as the nervous system continues to develop Learning spatial concepts (up, down, near, far) and how to manipulate and move in the surrounding environment
- Learning to adjust to short periods of separation from the primary caregiver

**Indicators Related to Developmental Lag**
- Passivity; withdrawal; lack of initiative; lack of response to stimulating people, toys, and pets
- Crying frequently and easily
- Learning slowly

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DEVELOPMENTAL TASKS and DEVELOPMENTAL LAG INDICATORS ACCORDING TO AGE

1-2 Years

Developmental Tasks
• Discovering and establishing a distinct sense of self through continuous exploration of the world
• Developing communication skills and experiencing the responsiveness of others
• Learning to use memory and acquiring the basics of self-control

• Indicators Related to Developmental Lag
  • Overly withdrawn, passive, and/or fearful
  • Obsessive head banging, finger sucking, and/or rocking
  • Lack of interest in objects, environment, or play
  • Excessive temper tantrums: hitting, biting, and hyperventilating and/or constipation or smearing of feces (stool) as an expression of anger

2-3 Years

Developmental Tasks
• Discovering and establishing a positive, distinct self through continuous exploration of the world
• Developing communication skills and experiencing the responsiveness of others
• Using memory and acquiring the basics of self-control
• Learning to separate thinking from feeling through experiencing opportunities to make choices
• Becoming aware of limits
• Creating personal solutions to simple problems (choosing foods, clothes, activities, etc.)

Indicators Related to Developmental Lag
• Overly withdrawn, passive, and/or fearful
• Obsessive head banging, finger sucking, and/or rocking
• Lack of interest in objects, environment, or play
• Excessive temper tantrums: uncontrollable hitting, biting, and hyperventilating and/or constipation or smearing of feces (stool) as an expression of anger
• Excessive stubbornness and/or consistent overreaction to reasonable limits
• Weak sense of positive, distinct self (shown as not making choices, meekly accepting the impositions of others, etc.)

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DEVELOPMENTAL TASKS and DEVELOPMENTAL LAG INDICATORS ACCORDING TO AGE

3-7 Years
Developmental Tasks
• Learning to distinguish between reality and fantasy
• Becoming comfortable with personal sexual identity
• Learning to make connections and distinctions between feelings, thoughts, and actions
• Learning to solve problems by initiating and creating

Indicators Related to Developmental Lag
• Excessive fears (especially of strangers) and/or extreme separation anxiety
• Shyness and/or lack of interest in others; not playing
• Threatening or bullying peers
• Excessively repetitive behaviors (especially around food)
• Persistent speech problems
• Bedwetting; toileting problems

7-12 Years
Developmental Tasks
• Acquiring a sense of accomplishment centered on achieving greater physical strength and self-control
• Increasing own ability to learn and apply skills, deal with peers, and engage in competition
• Developing and testing personal values and beliefs that will guide present and future behaviors

Indicators Related to Developmental Lag
• Excessive concerns about competition and performance (especially in school)
• Extreme rebellion
• Physical symptoms (headaches, nervous stomach, ulcers, nervous tics, bedwetting, etc.)
• Procrastination (unconcern with completion of tasks)
• Overdependence on caregivers for age-appropriate tasks (combing hair, going to the store, tying shoes, finding a restroom in a restaurant, etc.)
• Social isolation and lack of friends and involvements; few interests
• Inappropriate relationships with “older” people (teenagers)
• Stealing, pathological lying, and/or fire-setting

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DEVELOPMENTAL TASKS and DEVELOPMENTAL LAG INDICATORS ACCORDING TO AGE

12-15 Years
Developmental Tasks
• Creating a personal identity based upon the integration of values
• Developing a sense of self in relation to society, other individuals, the opposite sex, the future, personal vocation, ideas, and the cosmos

Indicators Related to Developmental Lag
• Delays in physical and sexual development
• Depression, sense of isolation, loneliness
• Suicide attempts; psychosis
• Impulsiveness, extreme rebellion; pathological lying; truancy, running away
• Denial of feelings, fantasy as an escape from problems
• Poor hygiene
• Alcohol/drug abuse
• Eating disorders: anorexia nervosa, bulimia, obesity
• Sexual activity to provide missing nurturance; pregnancy
• Juvenile delinquency, stealing, prostitution

15-19 Years
Developmental Tasks
• Creating a personal identity based upon the integration of values
• Developing a sense of self in relation to society, other individuals, the opposite sex, the future, personal vocation, ideas, and the cosmos

Indicators Related to Developmental Lag
• Delays in physical and sexual development
• Depression, sense of isolation, loneliness
• Suicide attempts; psychosis
• Impulsiveness, extreme rebellion, pathological lying
• Hatred of family, truancy, running away
• Denial of feelings; fantasy as an escape from problems
• Poor hygiene
• Alcohol/drug abuse
• Eating disorders: anorexia nervosa, bulimia, obesity
• Sexual activity to provide missing nurturance; pregnancy; early marriages that are likely to fail
• Juvenile delinquency, stealing, prostitution

Adapted from “The Child Development Guide” Copyright ©2002 by Research Foundation of SUNY/CDHS.
Attachment is the affectionate and emotional bond or tie between a child and adult caregiver that lets the child feel that the world is safe.

Attachment is necessary for children to learn and to be emotionally and behaviorally intact.

**Attachment Helps Children:**

- **Develop a conscience (Moral Development)**
  *Examples include:*
  - Accepts responsibility for personal actions
  - Expresses guilt, sorrow or regret when actions hurt others

- **Become independent (Social Development)**
  *Examples include:*
  - Expresses pride, happiness and enthusiasm in day to day accomplishments

- **Develop future relationships (Social Development)**
  *Examples include:*
  - Recognizes the feelings and needs of others
  - Is able to “give and take” with others

- **Deal with stress, frustration, fear and worry (Emotional Development)**
  *Examples include:*
  - Expresses feelings in a way that does not harm self or others
  - Think logically (Mental Development)
  - Grow physically and develop health (Physical Development)

*When this developmental process is disrupted, it can be damaging to children's emotional, cognitive and behavioral growth!*

Adapted from 2004 SUNY/CDHS COMPASS training and 2005 GPS11/MAPP guide
### Long Range Effects of Lack of Normal Attachment

<table>
<thead>
<tr>
<th>Psychological or Behavioral Problems</th>
<th>Cognitive Problems</th>
<th>Developmental Problems</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Conscience Development</strong></td>
<td>• Has trouble with basic cause and effect</td>
<td></td>
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<tr>
<td>• May not show normal anxiety following aggressive or cruel behavior</td>
<td></td>
<td></td>
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<tr>
<td>• May not show guilt about breaking laws or rules</td>
<td></td>
<td></td>
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<tr>
<td>• May project blame on others</td>
<td></td>
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<tr>
<td><strong>Impulse Control</strong></td>
<td>• Experiences problems with logical thinking</td>
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<tr>
<td>• Exhibits poor control; depends upon others to provide external controls on behavior</td>
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<tr>
<td>• Exhibits lack of foresight</td>
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<tr>
<td>• Has poor attention span</td>
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<tr>
<td><strong>Self Esteem</strong></td>
<td>• Appears to have confused thought processes</td>
<td></td>
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<tr>
<td>• Is unable to get satisfaction from tasks well done</td>
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<td></td>
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<tr>
<td>• Sees self as undeserving</td>
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<td></td>
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<tr>
<td>• Sees self as incapable of change</td>
<td></td>
<td></td>
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<tr>
<td>• Has difficulty having fun</td>
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<td></td>
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<tr>
<td><strong>Interpersonal Interactions</strong></td>
<td>• Has difficulty thinking ahead</td>
<td></td>
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<tr>
<td>• Lacks trust in others</td>
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<td></td>
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<tr>
<td>• Demands affection but lacks depth in relationships</td>
<td></td>
<td></td>
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<tr>
<td>• Exhibits hostile dependency</td>
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<td></td>
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<tr>
<td>• Needs to be in control of all situations</td>
<td></td>
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<tr>
<td>• Has impaired social maturity</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Emotions</strong></td>
<td>• May have an impaired sense of time</td>
<td></td>
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<tr>
<td>• Has trouble recognizing own feelings</td>
<td></td>
<td></td>
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<tr>
<td>• Has difficulty expressing feelings appropriately, especially anger, sadness and frustration</td>
<td></td>
<td></td>
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<tr>
<td>• Has difficulty recognizing feelings in others</td>
<td></td>
<td></td>
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<tr>
<td>• Has difficulties with abstract thinking</td>
<td></td>
<td></td>
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<tr>
<td>• May have difficulty with auditory processing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• May have difficulty expressing oneself verbally</td>
<td></td>
<td></td>
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<tr>
<td>• May have gross motor problems</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• May experience delays in personal-social development</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• May have inconsistent levels of skill in all of these areas</td>
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<td></td>
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</tbody>
</table>
**Child Traumatic Stress (CTS)**

<table>
<thead>
<tr>
<th>Mental Health Concerns</th>
<th>Family Violence</th>
<th>Grief</th>
</tr>
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<tbody>
<tr>
<td>Foster Care Placements</td>
<td>Loss</td>
<td>Physical Abuse</td>
</tr>
<tr>
<td>Death of a loved one</td>
<td>Sexual Abuse</td>
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<tr>
<td>Neglect</td>
<td>Medical Procedures</td>
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</tbody>
</table>

- “When a child feels intensely threatened by an event he or she is involved in or witnesses, we call that event a trauma. Child traumatic stress (CTS) is a psychological reaction that some children have to a traumatic experience. Children who suffer from CTS have developed reactions to trauma that linger and affect their daily lives long after the traumatic event has ended.”

- “For reasons that are basic to survival, traumatic experiences, long after they are over, continue to take priority in the thoughts, emotions and behavior of children, adolescents and adults.”

**As a result, children and adolescents may continue to experience the following:**

- Depression and Anxiety
- Intense and Ongoing Emotional Upset
- Withdrawal
- Behavioral Changes
- Difficulties at School
- Substance Abuse
- Problems Maintaining Relationships
- Difficulty Eating and Sleeping
- Dangerous Behaviors

Adapted from “Understanding Child Traumatic Stress” The National Child Traumatic Stress Network (www.nctsn.org)
The Seven (7) Primary Domains of Impairment in Youth Who Have Experienced Complex Trauma

What is complex trauma? It describes the dual problem of children’s exposure to multiple traumatic events and the impact of this exposure on immediate and long term developmental outcomes and it affects the following developmental areas:

1. Attachment: When the child-caregiver relationship is the source of trauma, the attachment relationship is severely compromised. Children exposed to unpredictable violence or repeated abandonment often learn to cope with threatening events and emotions by restricting their processing of what is happening around them.

2. Biology: Toddlers or preschool-aged children with complex trauma histories cannot access rational thought in the face of overwhelming emotion. They react with extreme helplessness, confusion, withdrawal or rage when stressed. In older youth and adolescents, the most rapidly developing brain areas are those that are crucial for success in forming interpersonal relationships and solving problems. Traumatic stressors impede this development and can lead to difficulties in emotional regulation, behavior, consciousness, cognition, and identity formation.

3. Affect Regulation: begins with being able to accurately identify internal emotional experiences. It also involves whether or not children experience situations where the affect matches the behavior so they can learn a framework through which to interpret experiences.

4. Dissociation: is the failure to take in or integrate information and experiences. Thus, thoughts and emotions are disconnected, physical sensations are outside conscious awareness and repetitive behavior takes place without conscious choice, planning or self-awareness.

5. Behavioral Regulation: Children may reenact behavioral aspects of their trauma as automatic reactions to trauma reminders or as attempts to gain mastery or control over their experiences. In the absence of more advanced coping strategies, traumatized children may turn to substance abuse in order to avoid experiencing intolerable levels of emotional arousal.

6. Cognition: Neglected infants and toddlers demonstrate delays in expressive and receptive language development as well as deficits in overall IQ. By early childhood, maltreated children demonstrate less flexibility and creativity in problem solving tasks as same-age peers. Adolescents tend to have deficits in attention, abstract reasoning and problem solving. Maltreated children have three times the dropout rate of the general population.

7. Self Concept: Repetitive experiences of harm and/or rejection by significant others and the associated failure to develop age-appropriate competencies are likely to lead to a sense of self as ineffective, helpless, deficient and unlovable.

FACT SHEET:

Neurodevelopment and the Road to Threat Response

• The brains of traumatized children develop to be hyper-vigilant and focused on non-verbal cues, potentially related to threat. These children are in a persisting state of arousal and therefore experience persistent anxiety.

• If this “threat response” is persistently active during development, the central nervous system will develop a response to this constant threat. This creates “stress-response” neural systems which will be overactive and hypersensitive.

• While these adaptive changes in the brain make a child better suited to sense, perceive and act on threats in their (violent) world, these “survival tactics” don’t serve them when the environment changes (e.g. in school, with friends etc.).

SO WHAT HAPPENS NEXT?

• When children are in a persisting arousal state, changes in the brain impair their capacity to properly develop and benefit from social, emotional and cognitive experiences.

• Hyper-vigilant children frequently develop remarkable non-verbal skills. But they can over-read or misinterpret non-verbal cues from people. They may think eye-contact means a threat, or a friendly touch is the precursor to abuse. These may be accurate in the world they came from, but in another setting, they are not.

• These children are often perceived as smart or “street smart” but who can’t learn easily. As a result, they are often labeled as learning disabled. They often have difficulties with cognitive organization and problem solving and can use violence as a “tool” to solve their problems.

• The brain of the traumatized child has different areas activated, so different areas of the brain are controlling the child's functioning.

• The capacity to internalize new information depends on having portions of the brain (frontal and related cortical areas) activated. But this requires a state of attentive calm, something a traumatized child rarely achieve.

SO WHAT IS THE “TAKE-HOME” MESSAGE?

• Different parts of the brain are activated in traumatized children and this affects their brain development and functioning. As a result, children in a state of fear retrieve and interpret information from the world differently than the children who feel calm.

Poverty & Brain Development in Early Childhood

- 2.5 million poor children face a greater risk of impaired brain development due to their exposure to a number of risk factors associated with poverty.

- Many poor young children are resilient and able to overcome tremendous obstacles but poverty poses serious threats to children’s brain development.

- The window of optimal brain development is from the prenatal period to the first years of a child’s life.

- The following risk factors can influence the brain through multiple pathways:
  - **INADEQUATE NUTRITION** – Children deprived of proper nutrition during the brain’s most formative years, a child scores much lower on tests of vocabulary, reading comprehension, arithmetic, and general knowledge. The more severe the poverty a child faces, the lower his or her nutritional level is likely to be.
  - **MATERNAL DEPRESSION** – Mothers who are suffering from depression are less able to provide the positive responses needed by babies, less likely to interact with their babies, and often fail to respond to their infants’ emotional needs. These deficits lead to babies who are more withdrawn, less active, and have shorter attention spans.
  - **EXPOSURE TO ENVIRONMENTAL TOXINS** – Exposure to neurotoxins such as lead causes brain damage and stunts the growth of the brain. 55 percent of African American children living in poverty have toxic levels of lead in their blood.
  - **TRAUMA/ABUSE** – Experiences of trauma or abuse during the first years of life result in extreme anxiety, depression, and /or the inability to form healthy attachments to others. Another troubling factor effect of early trauma is that it leads to a significantly higher propensity for violence later in life.
  - **QUALITY OF DAILY CARE** – Daily interaction plays an important role in a child’s emotional and mental development. Poor day care hinders a child’s brain activity and impedes development by discouraging interaction and limiting environmental stimulation. Compared to those who were not in day care, studies show that high quality day care can in fact enhance the intellectual development of poor children.

- **What can be done?** It is critically important to attack child poverty directly. Poverty is a primary risk factor which increases the likelihood that young children will be exposed to multiple risk factors. Any comprehensive strategy to promote early childhood brain development must therefore include strategies to reduce the poverty rate for young children.
The Impact of Poverty on Brain Development: Multiple Pathways

Adapted from the National Center for Children in Poverty, New York, NY www.nccp.org
Examples of Normal Needs

- Need for personal growth and fulfillment
- Need to feel loveable, capable and worthwhile
- Need to feel a sense of achievement
- Need to feel close and seek affection and attention
- Need to connect with family, roots, culture

Examples of “Red Flag” Behaviors

- Lacks guilt or anxiety after doing something wrong
- Refuses to accept responsibility for behavior
- Has difficulty in expressing or understanding own or others’ feelings
- Anger and self hatred
- Aggressive behavior
- Has difficulty experiencing fun, feelings of accomplishment, and or pride in jobs well done.
- Self Mutilation
- Suicidal Ideation
- Resists affection and comfort
- Aggressive behavior
- Sexual acting out
- Self Mutilation
- Suicidal Ideation
- Running away
- School problems
- Fears
- Bullying or hurting others
- Substance Abuse
- Steals, lies, “uses” people

Based on Maslow’s Hierarchy of Needs
Child traumatic stress occurs when children and adolescents are exposed to traumatic events or situations, and this exposure overwhelms their ability to cope with what they have experienced. Traumatic events can include physical and sexual abuse, domestic violence, community violence and or disasters.

For youth involved with the juvenile justice system, the prevalence of youth exposed to trauma is believed to be higher than that of community samples of similarly aged youths.

Youth exposed to traumatic events exhibit a wide range of symptoms, presenting with “internalizing” problems like depression and anxiety, as well as “externalizing” problems like aggression, conduct problems and oppositional defiant behavior.

Although most youth who experience psychological trauma recover healthy functioning, as many as half of the youth in the juvenile justice system experience chronic health and psychological impairments related to trauma.

It is possible that traumatic stress symptoms may worsen as a result of juvenile justice system involvement. Court hearings, detention, and incarceration are inherently stressful, and stressful experiences that are not traumatic per se can exacerbate trauma symptoms.

In order to address trauma among youth in the system, it is important to conduct screening for trauma history and traumatic stress. Examples of existing screening instruments include: MAYSI-2; Traumatic Events Screening Inventory (TESI); PTSD Reaction Index (PTSD-RI); Trauma Symptom Checklist for Children (TSCC); PTSD Checklist for Children/Parent Report (PCL-C/PR).

Therapies and interventions for youth in the juvenile justice system emphasize the development of self-regulation and interpersonal effectiveness skills in their present lives as a way to reduce PTSD symptoms and enhance psychological and educational attainment.

Efforts in several states to provide trauma-informed care and services to youth suggest that there is a growing interest on the part of the juvenile justice community to offer these kinds of services and interventions. Traumatic stress services have the capacity to relieve the suffering caused by psychological trauma and PTSD for youth and families involved in the juvenile justice system as well as to potentially reduce future health, mental health and correctional costs.

Adapted from the National Center for Mental Health and Juvenile Justice RESEARCH AND PROGRAM BRIEF June, 2007
A Spider Beside Her
How the Body Reacts to Fear

AMYGDALA
The moment you recognize a threat, this almond-shaped structure in your brain directs a cascade of changes in your body so that you can respond appropriately: fight, flight, or squish.

HEART
It beats faster, raising blood pressure to speed circulation.

ADRENAL GLANDS
Located just above the kidneys, they release the stress hormone cortisol which heightens your awareness and focus. The glands also generate epinephrine, a hormone that raises heart rate and signals the liver to release stored energy.

SKIN
Blood flow to the skin decreases; experts believe this is to minimize blood loss if you’re injured.

EYES
Your pupils dilate to let in more light, heightening perception.

LUNGS
You’ll breathe more rapidly, infusing blood with oxygen for your muscles.

GUT
Your stomach may clench, and your intestines will slow down or stop activity altogether so that blood can be shunted to major muscles and the brain.

MUSCLES
Throughout the body, they tense in preparation.
The OCFS Library has a collection of information on trauma and youth. You will find books, articles, and a detailed resource guide that was developed especially for this teleconference series. To access these resources contact the Library at www.Madeline.Raciti@ocfs.state.ny.us or the New York State Office of Children and Family Services Library, South Building Room 106, 52 Washington Street, Rensselaer, New York 12144. 518.473.8072

Adverse Childhood Experiences Study  
www.cdc.gov/nccdphp/ace/  
The Adverse Childhood Experiences (ACE) Study is one of the largest investigations ever conducted on the links between childhood maltreatment and later-life health and well-being. This is the source of Dr. Anda’s ACES presentation.

Connecting Juvenile Justice and Child Welfare  
www.cwla.org/programs/juvenilejustice/ijdnewsletter.htm  
From the Child Welfare League of America’s Juvenile Justice Division, this quarterly newsletter explores the link between involvement in the child welfare and juvenile justice systems. It’s available as a downloadable PDF file. View issues and receive e-mail alerts when the newest issue is available.

National Alliance for the Mentally Ill  
www.nami.org  
NAMI is the nation’s largest grassroots organization for people with mental illness and their families. Founded in 1979, NAMI has affiliates in every state and in more than 1,100 local communities across the country. NAMI is dedicated to the eradication of mental illnesses and to the improvement of the quality of life for persons of all ages who are affected by mental illnesses. NAMI members and friends work to fulfill our mission by providing support, education, and advocacy.

National Child Traumatic Stress Network  
www.nctsnet.org  
Established by Congress in 2000, the National Child Traumatic Stress Network (NCTSN) is a collaboration of academic and community-based service centers whose mission is to raise the standard of care and increase access to services for traumatized children and their families across the United States. Combining knowledge of child development, expertise in the full range of child traumatic experiences, and attention to cultural perspectives, the NCTSN serves as a national resource for developing and disseminating evidence-based interventions, trauma-informed services, and public and professional education. The Network comprises 70 member centers and is funded by the Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services through a congressional initiative.

National Center for Mental Health and Juvenile Justice  
www.ncmhjj.com  
Recent findings show that large numbers of youth in the juvenile justice systems have serious mental health disorders, with many also having a co-occurring substance use disorder. For many of these youth, effective treatment and diversion programs would result in better outcomes for the youth and their families and less recidivism back into the juvenile and criminal justice systems. NCMHJJ was formed to highlight these four issues: create a national focus on youth with mental health disorders in contact with the juvenile justice system; serve as a national resource for the collection and dissemination of evidence-based and best practice information to improve services for these youth; conduct new research and evaluation to fill gaps in the existing knowledge base; and foster systems and policy changes at the national, state and local levels to improve services for these youth.
Questions I Have

Name: ___________________________ Daytime Phone: (_____)(___________)

E-mail address: ________________________________

Site Location: ________________________________

Question(s): __________________________________

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• Fax this form to: (518) 426-4098 or (518) 426-0696