PROGRAM DESCRIPTION:

Montana Center for the Investigation and Treatment of Childhood Trauma

1. Please give a brief description of proposed new center.

This Level II request is to designate a new Center at The University of Montana. The proposed Montana Center for the Investigation and Treatment of Childhood Trauma will be hosted by The University of Montana's Division of Educational Research and Service in cooperation with the Department of Psychology.

The Division of Educational Research and Service was established in 1957 under the auspices of a grant from the Kellogg Foundation. Consistent with its original mission, the Division has continuously served as a bridge between The University of Montana and the state's public school districts. The bridging mechanisms have consisted of service including model demonstration programs, professional development training activities for educators, and research and evaluation activities. Establishment of the Montana Center for the Investigation and Treatment of Childhood Trauma represents an expansion of an existing program within the Division of Educational Research and Service. We are adding training and demonstration of school based mental health services to our 47-year history of cooperative efforts between K-12 and higher education in special education, school violence prevention, literacy, educational technology, and program evaluation. Center designation is consistent with the nomenclature of 54 extant trauma centers in more than 40 states in the United States. No state funding is requested to operate the Center.

The Center is entirely supported by external funds, including a competitive award from the Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services. This federal funding has created a network of trauma centers during the past three years known as the National Child Traumatic Stress Network (NCTSN). The Network is co-hosted by The University of California at Los Angeles and Duke University. The Montana Center is part of a cooperative effort among Network members, The University of Montana, and targeted school districts in Montana, including Box Elder and Rocky Boy, in the initial demonstration phase of the Center.

Consistent with the function of networks, members have committed to support the mission and vision of the NCTSN. In submitting its request for federal support, the Division of Educational Research and Service at The University of Montana proposed to implement a validated school-based trauma treatment program for students on the Rocky Boy Reservation, and agreed to support the efforts of the National Childhood Traumatic Stress Network (NCTSN). No formal written agreements have been executed, but the federal Request For

Applications required that the Montana Center cooperate to support the following:

The NCTSN Mission: “To raise the standard of care and improve access to services for traumatized children, their families and communities throughout the United States.”

The 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.”

2. **Summarize a needs assessment conducted to justify the proposal. Please include how the assessment plan was developed or executed and the data derived from this effort.**

The need for child trauma treatment in Montana is great on our Indian Reservations. For example, the Centers for Disease Control report that the prevalence of childhood Post Traumatic Stress Disorder is 22 percent of all children in our reservation communities. This figure is nearly 300 percent of the national average and does not include children who have some disabling symptoms of traumatic stress, but who would not be clinically diagnosed, and who therefore may not be eligible for services in a clinical setting.

The Division of Educational Research and Service at The University of Montana proposed developing school-based services initially in a “demonstration site” in two school districts that serve the Rocky Boy Reservation. We have hired a full time Coordinator with a background in public health, a master’s degree in social work, and who is a tribal member. The local school districts have consented to assist in identifying students who have some symptoms of anxiety or depression that are consistent with exposure to trauma, and that may disrupt school performance. Our Coordinator is currently completing a comprehensive directory of mental health services available on the Rocky Boy Reservation. As in most Montana communities, Box Elder and Rocky Boy students have access to services that are less than comprehensive. Access to school-based trauma treatments is predicted to have a positive effect on both mental health and school achievement by participating children and youth.

In the United States, trauma treatment in schools was pioneered in larger districts with considerable resources to match their extensive needs. In Los Angeles, school trauma experts partnered with the RAND Corporation and UCLA to develop a protocol for school-based trauma treatment. Three staff from the proposed Montana Center have obtained training certificates in this protocol. These certificates authorize them to deliver the “Cognitive Behavior Intervention for Trauma in Schools” (CBITS) Protocol. CBITS is a 10-week school-based group-centered trauma treatment program that has excellent

efficacy data (see Stein, B. et al., 2003, *Journal of the American Medical Association,* 290:603-611).

Developers of CBITS have agreed to assist the Montana Center in adapting the protocol to meet the cultural needs of the Chippewa-Cree peoples and to replicate the model in other Indian and non-Indian communities throughout Montana.

In its simplest form, “psychological trauma” refers to a constellation of psychological symptoms that result from one or more exposures to near death experiences. The most publicly recognized form of psychological trauma is Post Traumatic Stress Disorder, first identified in the 1960s and 1970s among Viet Nam era combat veterans who manifested intense symptoms of “fight or flight reflex” behaviors, frequently resulting in harm to themselves or innocent bystanders. In some cases, post traumatic stress symptoms had life long debilitating effects. Bessel van der Kolk, of Boston University, is credited with first identifying and treating post traumatic stress disorders. Timely provision of professional counseling, psychotherapy, and peer support have been demonstrated to mitigate the duration and severity of symptoms in adults as well as in children.

Since van der Kolk’s initial work, a large volume of research has identified the etiology, prevalence and treatment potential for children exposed to, or victimized by, accidental and deliberate violent events. Subsequent to the terrorist attack of 9-11, the federal government authorized the Donald J. Cohen National Child Traumatic Stress Initiative, which in turn led to development of the National Child Traumatic Stress Network. The Network has assisted improved understanding of the trauma by policy makers, professionals and the general public.

The following brief review of research in trauma as it affects children in school has been disseminated by the National Center (see http://www.nctsnet.org).

Rates of Exposure to Traumatic Events

- In a nationally representative survey of 12-17 year old youth, 8% reported a lifetime prevalence of sexual assault, 17% reported physical assault, and 39% reported witnessing violence (Kilpatrick, Saunders, and Resick, 1998).
- A longitudinal general population study of children and adolescents (9-16 years old) in Western North Carolina found that one quarter (25%) experienced at least one potentially traumatic event, 6% within the past three months (Costello, Erkanli, Fairbank, and Angold, in press).
- Among elementary and middle school children (n=500) in an inner city community, 30% witnessed a stabbing and 26% witnessed a shooting (Bell and Jenkins, 1993).
- Among middle and junior high school students (n=2248) in an urban school system, 41% reported witnessing a stabbing or shooting in the past year (Schwab-Stone et al, 1995).

- Relatively high rates of exposure in the past year, varying by location and size of the high school, were reported by high school students (n=3735) surveyed in six schools in two states. Among males, 3%-33% reported being shot or shot at, and 6%-16% reported being attacked with a knife. Among females, there were lower reported rates of victimization except for sexual abuse or assault (Singer et al, 1995).

Prevalence of Posttraumatic Reactions

- Fewer than 20% of children with a history of exposure to a traumatic event have had a psychiatric disorder. Of those who did, the diagnosis was mainly anxiety disorder, a category that includes posttraumatic stress disorder (PTSD) (Costello, Erkanli, Fairbank, and Angold, in press).
- Anxiety disorders, including PTSD, were three times as likely in children who had suffered the violent death of a parent or loved one, but only one in five of this group showed this level of distress (Costello, Erkanli, Fairbank, and Angold, in press).

Sudden, unexpected and sometimes violent crisis situations and events can disrupt a school for many hours, days or weeks and cause serious emotional distress to students and staff. School personnel have concerns that include the following questions:

What are the kinds of incidents that put children at risk for trauma?

School personnel should be aware of a wide range of events and experiences that can place children at risk for psychological trauma, anxiety and depression. Examples include:

- Natural disasters such as earthquakes, floods, wildfires, mudslides, hurricanes and tornadoes.
- Man-made disasters, such as industrial, technological or transportation accidents.
- Human conflicts, such as armed conflicts, war and terrorist attacks.
- Interpersonal violence, including child abuse and maltreatment, domestic violence, community violence and criminal victimization.
- Accidents, injuries or other medical trauma.
- Suicide of a close friend or family member; traumatic loss and grief.

What are the normal reactions of students after a crisis?

School-age students may experience a range of physical, behavioral, and emotional changes after a traumatic event. Eating and sleeping patterns may be disrupted as are the regular routines of school attendance, participation in school, church and other social activities, and individual relationships with important family members and friends. During the first month, these changes are part of a normal response to the extraordinary circumstances of exposure to violence or trauma.

What are the normal reactions of teachers and school staff?

Adults are not immune to the effects of a violent or traumatic event. They too can experience disruptions in their daily lives, combined with the added stresses of possible financial, job-related and relationship adversities that can occur in the aftermath of a disaster or other catastrophic event.

What kind of intervention strategies are considered "best practices"?

A public mental health approach to school crisis recovery focuses on building a school climate of social and emotional support, guided opportunities for sharing experiences, re-establishment of calm school routine, and the development of coping responses. Psychological First Aid is one such public mental health approach, which has been used by school crisis intervention teams around the country. One of the principal goals of psychological first aid is to help students and staff identify and develop plans to cope with the wide range of reminders of what has happened that are likely to evoke continued physical reactions and emotional distress. A public mental health plan needs to be informed by the history and culture of the school. Failure to do so may hinder the recovery process.

What can teachers do to help students in the classroom?
Teachers and other caring adults can help children to contend with their ongoing fears and concerns, especially fears of recurrence, as well as helping them to enlist and receive support. Teachers can also identify early changes in children's behavior that can become problematic. For example, younger children may display regressive or "clingy" behaviors. It is extremely important to help them reestablish a sense of a "protective shield" provided by parents and school personnel. School-aged children may need help with specific fears or impaired concentration and learning. Adolescents may need guidance to avoid reckless and risk-taking behaviors.

3. **Explain how the program relates to the Role and Scope of the institution as established by the Board of Regents.**

The work of the Montana Center for the Investigation and Treatment of Childhood Trauma will be highly supportive of the University's charge as set forth by the Board of Regents and is aligned with the recent five-year strategic plan for The University of Montana as outlined by President George Dennison.

By its very nature of working with, and researching Native American concepts of post-traumatic stress disorder, historical/intergenerational trauma, and child mental health, the Center's work will *enhance graduate research* and will conduct *research of national significance*. Furthermore, the project's explicit support from Senator Burns and Baucus and its focus of services on the Rocky Boy Reservation speaks to the Board's priority that UM *partner with tribal governments and our congressional delegation*.

As mentioned earlier, this research will be coordinated, in part, with colleagues from UCLA and Duke University. This emphasis, as well as the prestigious membership within the National Child Traumatic Stress Initiative, addresses the Board's charge to *foster an environment that attracts and retains high quality faculty and staff* by providing unique research, professional development, and publishing opportunities. Employment of Department of Psychology graduate students who are registered tribal members and tribal health specialists on the Rocky Boy Indian Reservation will also *enhance diversity education* through their collaboration with UM faculty.

Intervention services and public education regarding childhood trauma, particularly in a reservation context, is supportive of the Board's charge that the Montana University System "*improve support for, and understanding of the…University as a leading contributor to the State's...success and social wellbeing*." Community forums will be held and prominent outreach efforts will occur. For example, Dr. Richard van den Pol the Director of the Division of Educational Research and Service and other DERS-SAMHSA grant colleagues have been invited to present on the grant as highlighted speakers at the Department of Justice's 2004 Community Oriented Policing Services conference in Washington D.C. Prominent outreach benefiting the University's image will also occur in the statewide media and through the NCTSN's National Resource Center at Duke University. These efforts will *improve and expand communication of the Montana University System's efforts to constituents and policy makers* at both the state and national levels.

Finally, this Center's research and publishing efforts will *strengthen project- specific partnerships with the private sector.* For example, development of a culturally sensitive assessment tool will involve collaboration with the RAND Corporation and possible packaging, promotion, and distribution of this tool has been discussed with one of nation's leading education publishers, Sopris West Inc.

4. **Please state what effect, if any, the proposed program will have on the administrative structure of the institution. Also indicate the potential involvement of other departments, divisions, colleges, or schools.**

Regential recognition of the Montana Center for the Investigation and Treatment of Childhood Trauma is expected to have no significant impact on the administrative structure of The University of Montana. However, Center designation will ensure that our efforts enjoy consistent nomenclature with the other Childhood Trauma Centers in the United States and will make us nationally competitive for future funding.

We are pleased to have the endorsement of, and a partnership with, The University of Montana's Department of Psychology (resolution dated November 19, 2003).

Additionally, we are confident in the long-term support for and stability of the Center given shared resources, and support from the Chippewa-Cree tribe. Similarly, there will be coordination of services and support from the U.S. Department of Justice programs

at DERS and there is strong congressional support for our SAMHSA project. Broadly speaking, support for the SAMHSA NCTSN is strong across Congress, in part because of its direct relationship to homeland security. NCTSN is planning for continued expansion of its network across the country over the next ten years.

5. **Describe the extent to which similar programs are offered in Montana, the Pacific Northwest, and states bordering Montana. How similar are these programs to the one herein proposed?**

No duplication of services is predicted within the University system or with other state agencies as a result of Center activities. In fact, DERS was only one of twelve such projects awarded nationally in 2003 and the proposed center is currently the only federally designated research and service program of its kind in Montana, North and South Dakota, and Wyoming.

Idaho State University has a Center for Rural, Frontier, & Tribal Traumatic Stress Interventions that was funded under the SAMHSA initiative as was the UM program. Idaho's program, however, has a different focus than the UM program in that its purpose is to develop and evaluate a telehealth augmented model for dissemination of child traumatic stress treatment for rural people. The University of Denver has a partnership with the Takini Network in Rapid City South Dakota and its focus on Historical Trauma and Historical Unresolved Grief in Native American communities.

These programs stand in contrast with the UM project and its priority on working with a specific reservation and providing culturally appropriate trauma interventions in a school, group context. Additionally, this focus is unique from an institutional context within the UM campus. This explains the support for the project from both the Department of Psychology and the School of Education.

Approval from the University Faculty Senate is pending.

6. **Please name any accrediting agency(ies) or learned society(ies) that would be concerned with the particular program herein proposed. How has this program been developed in accordance with criteria by said accrediting body(ies) or learned society(ies).**

We are not aware of any accrediting agencies or learned societies that would have concerns with our Center's development. On the contrary, most mental health specialists, the U.S. Department of Health and Human Services, the American Counseling Association and Indian Health Services all proclaim the need for strengthening, researching, and expanding implementation of culturally sensitive mental health services appropriate to the unique infrastructure, socioeconomic, and cultural needs often present in Native American communities. The Tribal Council of the Chippewa-Cree tribe on the Rock Boy Reservation and the Tribal Chairman, Alvin Windyboy, have all expressed explicit support for the initiative and supplied letters of support for the grant.

7. **Prepare and outline of the proposed curriculum showing course titles and credits. Please include any plans for expansion of the program during its first three years.**

No curriculum changes are currently planned as a result of this Center. However, graduate research opportunities will be increasingly available through the project.

Faculty and Staff Requirements

1. Name, Rank and Faculty Involved

Division of Educational Research & Service - Faculty

Richard van den Pol, Professor and Principal Investigator
Doug Beed, Research Professor and Director
David Schuldberg, Professor, Psychology
Darrell Stolle, Associate Professor, Education
Gyda Swaney, Associate Professor, Psychology

Division of Educational Research & Service – Research Personnel

Torian Donohoe Esq., Tribal Liaison
Lisa Belcourt, Project Coordinator

Division of Educational Research & Service – Graduate Assistants

Aaron Morsette
Delia Campfield

2. New Faculty

No new faculty will be needed.

3. New Support Personnel

No new staff or support personnel will be needed.

FISCAL IMPACT AND BUDGET INFORMATION

Montana Center for the Investigation and Treatment of Childhood Trauma

LEVEL II / Item Number: 123-1010-R0504

*FTE based on 15 cr/semester	FY First Year		FY Second Year		FY Third Year		FY Fourth Year		FY Fifth Year	
	FTE	Headcount	FTE	Headcount	FTE	Headcount	FTE	Headcount	FTE	Headcount
I. PLANNED STUDENT ENROLLMENT										
A. New Enrollment										
B. Shifting Enrollment										
TOTAL										

II. EXPENDITURES	First Year		Second Year		Third Year		Fourth Year		Fifth Year	
	FTE	Cost	FTE	Cost	FTE	Cost	FTE	Cost	FTE	Cost
A. Personnel Cost										
1. Faculty	1.5	$ 140,518.00	1.25	$ 115,368.00	1.50	$ 145,600.00	1.50	$ 151,221.00	1.5	$ 151,221.00
2. Administrators										
3. Adjunct Faculty										
4. Graduate Assistants	0.33	$ 20,000.00	0.52	$ 19,617.00	0.66	$ 20,000.00	0.66	$ 20,000.00	0.66	$ 20,000.00
5. Research Personnel	0.2	$ 19,741.00	1.1	$ 63,299.00	0.20	$ 20,530.00	0.20	$ 21,320.00	0.2	$ 21,320.00
6. Support Personnel										
7. Fringe Benefits (@25%)	2.03	$ 45,931.00	2.87	$ 58,014.00	2.36	$ 49,231.00	2.36	$ 51,693.00	2.36	$ 52,653.00
8. Other										
Total Personnel FTE And Cost	**2.03**	**$ 226,190**	**2.87**	**$ 256,298**	**2.36**	**$ 235,361**	**2.36**	**$ 244,234**	**2.36**	**$ 245,194**
B. Operating Expenditures										
1. Travel		$ 23,066.00		$ 23,536.00		$ 12,612.00		$ 13,774.00		$ 12,612.00
2. Professional Services		$ 107,000.00		$ 73,800.00		$ 112,500.00		$ 105,800.00		$ 105,800.00
3. Other Services		$ -		$ -		$ -		$ -		$ -
4. Communications		$ 1,550.00		$ 1,700.00		$ 1,550.00		$ 1,550.00		$ 1,700.00
5. Utilities		$ -		$ -		$ -		$ -		$ -
6. Materials and Supplies		$ 10,986.00		$ 5,036.00		$ 2,847.00		$ -		$ -
7. Rentals		$ -		$ -		$ -		$ -		$ -
8. Repairs & Maintenance		$ -		$ -		$ -		$ -		$ -
9. Materials & Goods for Man. & Resale		$ -		$ -		$ -		$ -		$ -
10. Miscellaneous		$ 5,060.00		$ 10,000.00		$ 5,500.00		$ 5,012.00		$ 5,064.00
Total Operating Expenditure		**$ 147,662**		**$ 114,072**		**$ 135,009**		**$ 126,136**		**$ 125,176**

II. EXPENDITURES	First Year	Second Year	Third Year	Fourth Year	Fifth Year

	FTE	Cost	FTE	Cost	FTE	Cost	FTE	Cost	FTE	Cost
C. Capital Outlay										
1. Library Resources		$ -		$ -		$ -		$ -		$ -
2. Equipment		$ -		$ -		$ -		$ -		$ -
3. Other		$ -		$ -		$ -		$ -		$ -
4. Other		$ -		$ -		$ -		$ -		$ -
Total Capital Outlay		**$ -**		**$ -**						**$ -**
D. Physical Facilities										
1. Construction or Major Renovation		$ -		$ -		$ -		$ -		$ -
2. Other		$ -		$ -		$ -		$ -		$ -
3. Other		$ -		$ -		$ -		$ -		$ -
Total Physical Facilities		$ -		$ -		$ -		$ -		$ -
E. Indirect Costs										
1. Indirect Costs		$ 26,148.00		$ 29,630.00		$ 29,630.00		$ 29,630.00		$ 29,630.00
Total Indirect Costs		**$ 26,148.00**		**$ 29,630.00**		**$ 29,630.00**		**$ 29,630.00**		**$ 29,630.00**
GRAND TOTAL EXPENDITURES		**$ 400,000**		**$ 400,000**		**$ 400,000**		**$ 400,000**		**$ 400,000**
III. REVENUES	**FY 2004 First Year**		**FY 2005 Second Year**		**FY 2006 Third Year**		**FY 2007 Third Year**		**FY 2008 Third Year**	
	FTE	**Cost**	**FTE**	**Cost**	**FTE**	**Cost**	**FTE**	**Cost**	**FTE**	**Cost**
A. Source of Funds										
1. Appropriated Funds		$ -		$ -		$ -		$ -		$ -
2. Appropriated Funds		$ -		$ -		$ -		$ -		$ -
3. Federal Funds		$ -		$ -		$ -		$ -		$ -
4. Other Grants		$ -		$ -		$ -		$ -		$ -
5. Tuition		$ -		$ -		$ -		$ -		$ -
6. Other										
TOTAL SOURCE OF FUNDS										
B. Nature of funds										
1. Recurring										
2. Non-Recurring										
GRAND TOTAL REVENUES		$ -		$ -		$ -		$ -		$ -
TOTAL PROFIT / LOSS		$ (400,000)		$ (400,000)		$ (400,000)		$ (400,000)		$ (400,000)