To improve the health and well-being of children and adolescents who have experienced serious trauma and loss.
Childhood Trauma and Loss

A Little Background
Childhood Trauma includes:

- Community violence
- Serious accidents
- Natural disasters
- Terrorist attacks
- Unexpected loss of a loved one
- Medical procedures/conditions
- Assault
- Domestic violence
- Sexual and physical abuse
Childhood Trauma is Common

- Alcohol or drug abuse: 26%
- Loss of a biologic parent: 22%
- Sexual abuse: 22%
- Mental illness in the family: 19%
- Witnessed abuse of the mother: 13%
- Recurrent physical abuse: 11%
- Recurrent emotional abuse: 11%
- Incarcerated family member: 4%
Childhood Trauma is Common

In North Carolina:

- 111,000 children referred to social services for suspected maltreatment each year
- ~1000 cases of substantiated physical maltreatment each year
- ~1000 cases of substantiated sexual maltreatment each year
- >5,000 cases of sexual abuse and assault reported to law enforcement each year
Untreated Childhood Trauma: Adverse Short- and Long-Term Outcomes
Untreated Trauma: Summary

Chronic Untreated Trauma

Altered Brain Activity

Altered Brain Structure & Body Activity

Poor emotional, behavioral, developmental, social, cognitive, and physical functioning
Childhood Trauma

Short-Term Outcomes

- Emotional difficulties
  Anger, fear, sadness
- Behavioral difficulties
  Sleeping, eating
- Cognitive difficulties
  Concentration, learning
Untreated Trauma ➤ Altered Brain Chemistry
Untreated Trauma ➤ Changes in Brain Structure
Untreated Trauma: Adverse Effects

- Physical Health
- Social Functioning
- Development
- Cognitive Functioning
- Behavioral and Emotional Health
Untreated Trauma ➤ Poor Physical Health in Adulthood

Twice the number of health problems in adulthood:

- Heart disease
- Altered immune function
- Obesity
- Asthma
- Hypertension
- Peptic ulcer disease
- Cancer
- Sexually-transmitted infections

Potter and Hagele, 2008
Untreated Trauma ➤ Risk Behaviors

- Younger age at first intercourse
- Higher number of lifetime sexual partners
- Higher incidence of unprotected intercourse
- Younger age at birth of first child
- Higher rate of teenage pregnancy/fatherhood
- Higher rate of nicotine use
- Higher rate of alcohol and substance abuse
Untreated Trauma ➤ Developmental Delays

- Speech and language delays
- Gross motor delays
- Poor fine motor coordination
- Sensory integration problems

Potter and Hagele, 2008
Untreated Trauma ➤ Cognitive Difficulties

- Deficits in attention
- Deficits in abstract reasoning
- Deficits in executive function
- Deficits in memory
- Lower IQ

Overall: Poor academic performance, repeated grades, and special education
Untreated Trauma ➤ Adult Behavioral/Emotional Problems

- Dysfunctional interpersonal relationships
- High rate of re-victimization
- Dysfunctional parenting
- Mood and anxiety disorders
- Personality disorders
- Suicidal thoughts and behaviors
- High-risk behaviors
- Increased risk to maltreat own children
Untreated Trauma ➤ Behavioral/Emotional Problems

- Distractibility, hyperactivity, attention deficit
- Memory impairment
- Anxiety
- Self-injurious behavior
- Anger/aggression
- Decreased empathy
- Victimization of other children
- Sexually-reactive behavior
Untreated Childhood Trauma ➤ High Costs

- Individuals
- Families
- Communities
- Society (Institutions & Systems)
Untreated Childhood Trauma ➤ High Costs

- **Child maltreatment:** $104 billion dollars in direct and indirect costs each year
  
  (Wang and Horton, 2007)

- **Sexual abuse:** $125,000 per child in direct and indirect costs
  
  (NIJ, 1996)

- **Sexual abuse:** Several million dollars per case in lifetime costs
  
  (Conrad, 2006)
Rational Approach to Childhood Trauma:

*Provide effective, community-based mental health treatment*
Addressing Childhood Trauma: Key Ingredients

- Treatment model
  - Effective (evidence-based)
  - Affordable
  - Time-limited (couple of months)
- Trained clinicians
- Community-based treatment
- Treatment funds available
- System to link children to clinicians
The North Carolina Child Treatment Program

Evidence-Based Mental Health Treatment for Traumatized Children and Families
NC Child Treatment Program Pilot

- Childhood mental health treatment initiative
- Based upon “public health” principles
- Address serious psychological trauma:
  - Sexual abuse, assault, and victimization
  - Physical maltreatment
  - Domestic and community violence exposure
  - Traumatic medical condition/treatment
  - Traumatic bereavement
NC Child Treatment Program Pilot

- Pilot project to serve NE North Carolina
- Funded $1.8 million (2006-2009)
- Duke-UNC Partnership
- Funders:
  - NC Division of MH/DD/SAS
  - NC Governor’s Crime Commission
  - Kate B. Reynolds Charitable Trust
  - Duke Endowment
NC CTP: Our Strategy

- **Train** licensed clinicians in evidence-based trauma treatment methods
- **Link** traumatized children and adolescents to trained clinicians
- **Provide** effective mental health treatment
- **Pay** for treatment when necessary
- **Provide** on-going clinical support to clinicians
Our Treatment Model

Trauma-Focused Cognitive Behavioral Therapy:

- Used for a broad range of childhood trauma
- Supported by 5 randomized clinical trials
- Treatment: 20 sessions/$1800
- Improvements in symptoms:
  - Child and parental depression
  - PTSD symptoms
  - Child behavior (+ sexually-reactive behavior)
  - Parental distress and supports
NC CTP: Successful Child Mental Health Treatment Program

- Highly-trained clinicians: **160**
  (Masters or PhD; licensed; Medicaid participants)
- Children enrolled: ~**325**
  (3-19 years of age; traumatized; 60% Medicaid)
- Treatment available: ~**45 counties**
- Excellent outcomes
  (Behavior, emotions, functioning)
Proposed Statewide Roll-Out

- **100 county roll-out over 3 years**
- **Provide:**
  - Intensive training to **120** clinicians/year
  - TF-CBT for **>5000** children/year
  - Treatment funds for uninsured
  - On-going clinical support to CTP clinicians
- **Potential:** Platform for the dissemination of other evidence-based MH treatment models
NC CTP: Seeking Legislative Support

- **NC CTP (Pilot)**
  - Funding ends: June 2009
  - Highly-successful mental health program

- **Long-term sustainability:**
  - Annually-recurring legislative appropriation
  - ~$2 million/year (100 counties)

- **Request:**
  - Legislative support
  - Healthier children and families = lower short-term and long-term costs
Questions?

Dana_Hagele@med.unc.edu
“Before Hillary was in therapy, she could not talk about the abuse and cowered down when asked about the past; now she holds her head up high.”

Hillary’s sister (Nash County)
“Without this treatment, I feel sure Amy would have regressed into a state of total dysfunction at home environment and in school.”

Amy’s step-mother (Nash County)
“I was very sad and worried and didn’t know what I was going to do when I found out what happened to my son….I think it is wonderful that this type of program exists, allowing me to have access to professional help … I would like to ask the legislators to keep supporting this program because it was a blessing to my family.”

Juan’s mother (Sampson County)
“We were led to TF-CBT Therapy after my daughter informed me she had been sexually abused ... without the financial assistance, I would not have been able to give her the treatment she needed.”

Danielle’s mother (Dare County)
“When Alexis arrived in my home, she had a broken arm from abuse, was very scared and had severe problems trusting anyone ... After she went into this therapy, her personality completely changed for the positive; the therapist helped her break the wall of insecurity, worthlessness and lack of self esteem.”

Alexis’ foster mom (Pitt County)
“My foster child was suffering from severe emotional trauma brought on by sexual abuse, physical abuse, emotional abuse and neglect. This therapy has made a positive impact on her life ... she realizes it was not her fault and is moving on with a positive attitude.”

Foster parent (Craven County)
“Please keep this program up and running ... this program helps families rebuild.”

Adele’s mother (Pitt County)
“I have never received a more hands-on, practical, in depth training before. It was the best training I’ve been to since graduate school.”

Kristie, LCSW (Duplin County)
“I am able to provide more intensive treatment and healing opportunities for the victim and the entire family ... this program heals lives of children in our community. Funding should continue.”

Kelly, LCSW (Dare County)
“My entire practice has changed; my clinical expertise has been sharpened; my sessions are more focused and directed ... I am accepting more challenging cases ... I have witnessed the phenomenal results of the treatment in shorter treatment periods.”

Annie, LCSW (Wilson County)
“I now use TF-CBT with all [traumatized] clients… I have had a number of clients who have benefited from the NC-CTP funds … Thank you for all you have done and for your continuing support of my practice with traumatized children.”

Jean, LCSW (Nash County)
“I am [now] more likely to accept what would have been deemed tough, time consuming referrals.”

Steve, LCSW (Washington County)
"The TF-CBT training has allowed me to become more hands-on with the parents and has given me creative ideas to interact ... I think of all the people I can touch and help them regain control of their life. Amazing! I look forward to continuing to serve as many people as I can in this field."

Brooke, LCSW-P (Pitt County)
“It is a privilege to be a small part of this innovative, evidenced-based treatment for children who are victims of significant maltreatment.”

Raymond, Ph.D. (Pitt County)
“The TF-CBT training is well structured, organized, practical, informative and comprehensive. On-going supervision ensures the model is applied consistently and treatment remains on task. I am much more confident in my ability to prepare clients to work through sexual abuse issues.”

James, LCSW (Pasquotank County)
“I am using this model for children who have had amputation, witnessed a homicide, domestic abuse and dealing with a military-related death. It is an excellent model!”

Susan, LPA (Craven County)
"I am confident in my ability to provide TF-CBT. It has been a tremendous opportunity to apply these services to minorities."

Abigail, LCSW (Sampson County)
“TF-CBT training is equal to attending a graduate course, which has enabled me to better serve the children, families and caregivers in this rural community in northeastern NC. Thank you so much for this wonderful opportunity!”

Kristin, LPA, Gates County
“One male client, age 9, was sexually abused by an older peer and exhibited hyper-vigilance, impulsivity, excessive fears and cognitive distortions about the abuse. Post TF-CBT therapy, his behavioral control at school improved significantly. He's more at ease, less worried and no longer blames himself for the abuse.”

Jennifer, LCSW (Dare County)
"The majority of the children I see have been sexually abused by either a family member or someone very well known to the child and family prior to the assault/victimization. Several children Some clients enrolled in TF-CBT have benefited from treatment funds. Some children don’t qualify for Medicaid, and parents don’t have private insurance."

Rebecca, LCSW (Pitt County)
“Before Hillary was in therapy, she could not talk about the abuse and cowered down when asked about the past; now she holds her head up high.”

Hillary’s sister (Nash County)
“Without this treatment, I feel sure Amy would have regressed into a state of total dysfunction at home environment and in school.”

Amy’s step-mother (Nash County)
"I was very sad and worried and didn’t know what I was going to do when I found out what happened to my son….I think it is wonderful that this type of program exists, allowing me to have access to professional help … I would like to ask the legislators to keep supporting this program because it was a blessing to my family."

Juan’s mother (Sampson County)
“We were led to TF-CBT Therapy after my daughter informed me she had been sexually abused ... without the financial assistance, I would not have been able to give her the treatment she needed.”

Danielle’s mother (Dare County)
“When Alexis arrived in my home, she had a broken arm from abuse, was very scared and had severe problems trusting anyone ... After she went into this therapy, her personality completely changed for the positive; the therapist helped her break the wall of insecurity, worthlessness and lack of self esteem.”

Alexis’ foster mom (Pitt County)
“My foster child was suffering from severe emotional trauma brought on by sexual abuse, physical abuse, emotional abuse and neglect. This therapy has made a positive impact on her life ... she realizes it was not her fault and is moving on with a positive attitude.”

Foster parent (Craven County)
“Please keep this program up and running ... this program helps families rebuild.”

Adele’s mother (Pitt County)
“I have never received a more hands-on, practical, in depth training before. It was the best training I’ve been to since graduate school.”

Kristie, LCSW (Duplin County)
“I am able to provide more intensive treatment and healing opportunities for the victim and the entire family ... this program heals lives of children in our community. Funding should continue.”

Kelly, LCSW (Dare County)
“My entire practice has changed; my clinical expertise has been sharpened; my sessions are more focused and directed ... I am accepting more challenging cases ... I have witnessed the phenomenal results of the treatment in shorter treatment periods.”

Annie, LCSW (Wilson County)
“I now use TF-CBT with all [traumatized] clients… I have had a number of clients who have benefited from the NC-CTP funds … Thank you for all you have done and for your continuing support of my practice with traumatized children.”

Jean, LCSW (Nash County)
“I am [now] more likely to accept what would have been deemed tough, time consuming referrals.”

Steve, LCSW (Washington County)
"The TF-CBT training has allowed me to become more hands-on with the parents and has given me creative ideas to interact ... I think of all the people I can touch and help them regain control of their life. Amazing! I look forward to continuing to serve as many people as I can in this field."

Brooke, LCSW-P (Pitt County)
“It is a privilege to be a small part of this innovative, evidenced-based treatment for children who are victims of significant maltreatment.”

Raymond, Ph.D. (Pitt County)
“The TF-CBT training is well structured, organized, practical, informative and comprehensive. On-going supervision ensures the model is applied consistently and treatment remains on task. I am much more confident in my ability to prepare clients to work through sexual abuse issues.”

James, LCSW (Pasquotank County)
“I am using this model for children who have had amputation, witnessed a homicide, domestic abuse and dealing with a military-related death. It is an excellent model!”

Susan, LPA (Craven County)
"I am confident in my ability to provide TF-CBT. It has been a tremendous opportunity to apply these services to minorities."

Abigail, LCSW (Sampson County)
“TF-CBT training is equal to attending a graduate course, which has enabled me to better serve the children, families and caregivers in this rural community in northeastern NC. Thank you so much for this wonderful opportunity!”

Kristin, LPA, Gates County
“One male client, age 9, was sexually abused by an older peer and exhibited hyper-vigilance, impulsivity, excessive fears and cognitive distortions about the abuse. Post TF-CBT therapy, his behavioral control at school improved significantly. He's more at ease, less worried and no longer blames himself for the abuse.”

Jennifer, LCSW (Dare County)
"The majority of the children I see have been sexually abused by either a family member or someone very well known to the child and family prior to the assault/victimization. Several children Some clients enrolled in TF-CBT have benefited from treatment funds. Some children don’t qualify for Medicaid, and parents don’t have private insurance.”

Rebecca, LCSW (Pitt County)
“Before Hillary was in therapy, she could not talk about the abuse and cowered down when asked about the past; now she holds her head up high.”

Hillary’s sister (Nash County)
“Without this treatment, I feel sure Amy would have regressed into a state of total dysfunction at home environment and in school.”

Amy’s step-mother (Nash County)
“I was very sad and worried and didn’t know what I was going to do when I found out what happened to my son….I think it is wonderful that this type of program exists, allowing me to have access to professional help …
I would like to ask the legislators to keep supporting this program because it was a blessing to my family.”

Juan’s mother (Sampson County)
“We were led to TF-CBT Therapy after my daughter informed me she had been sexually abused ... without the financial assistance, I would not have been able to give her the treatment she needed.”

Danielle’s mother (Dare County)
When Alexis arrived in my home, she had a broken arm from abuse, was very scared and had severe problems trusting anyone ... After she went into this therapy, her personality completely changed for the positive; the therapist helped her break the wall of insecurity, worthlessness and lack of self esteem.”

Alexis’ foster mom (Pitt County)
“My foster child was suffering from severe emotional trauma brought on by sexual abuse, physical abuse, emotional abuse and neglect. This therapy has made a positive impact on her life ... she realizes it was not her fault and is moving on with a positive attitude.”

Foster parent (Craven County)
“Please keep this program up and running ... this program helps families rebuild.”

Adele’s mother (Pitt County)
“I have never received a more hands-on, practical, in depth training before. It was the best training I’ve been to since graduate school.”

Kristie, LCSW (Duplin County)
“I am able to provide more intensive treatment and healing opportunities for the victim and the entire family ... this program heals lives of children in our community. Funding should continue.”

Kelly, LCSW (Dare County)
“My entire practice has changed; my clinical expertise has been sharpened; my sessions are more focused and directed ... I am accepting more challenging cases ... I have witnessed the phenomenal results of the treatment in shorter treatment periods.”

Annie, LCSW (Wilson County)
“I now use TF-CBT with all [traumatized] clients… I have had a number of clients who have benefited from the NC-CTP funds … Thank you for all you have done and for your continuing support of my practice with traumatized children.”

Jean, LCSW (Nash County)
“I am [now] more likely to accept what would have been deemed tough, time consuming referrals.”

Steve, LCSW (Washington County)
“The TF-CBT training has allowed me to become more hands-on with the parents and has given me creative ideas to interact … I think of all the people I can touch and help them regain control of their life. Amazing! I look forward to continuing to serve as many people as I can in this field.”

Brooke, LCSW-P (Pitt County)
“It is a privilege to be a small part of this innovative, evidenced-based treatment for children who are victims of significant maltreatment.”

Raymond, Ph.D. (Pitt County)
“The TF-CBT training is well structured, organized, practical, informative and comprehensive. On-going supervision ensures the model is applied consistently and treatment remains on task. I am much more confident in my ability to prepare clients to work through sexual abuse issues.”

James, LCSW (Pasquotank County)
“I am using this model for children who have had amputation, witnessed a homicide, domestic abuse and dealing with a military-related death. It is an excellent model!”

Susan, LPA (Craven County)
"I am confident in my ability to provide TF-CBT. It has been a tremendous opportunity to apply these services to minorities."

Abigail, LCSW (Sampson County)
“TF-CBT training is equal to attending a graduate course, which has enabled me to better serve the children, families and caregivers in this rural community in northeastern NC. Thank you so much for this wonderful opportunity!”

Kristin, LPA, Gates County
“One male client, age 9, was sexually abused by an older peer and exhibited hyper-vigilance, impulsivity, excessive fears and cognitive distortions about the abuse. Post TF-CBT therapy, his behavioral control at school improved significantly. He's more at ease, less worried and no longer blames himself for the abuse.”

Jennifer, LCSW (Dare County)
"The majority of the children I see have been sexually abused by either a family member or someone very well known to the child and family prior to the assault/victimization. Several children Some clients enrolled in TF-CBT have benefited from treatment funds. Some children don’t qualify for Medicaid, and parents don’t have private insurance.”

Rebecca, LCSW (Pitt County)
“Before Hillary was in therapy, she could not talk about the abuse and cowered down when asked about the past; now she holds her head up high.”

Hillary’s sister (Nash County)
“Without this treatment, I feel sure Amy would have regressed into a state of total dysfunction at home environment and in school.”

Amy’s step-mother (Nash County)
“I was very sad and worried and didn’t know what I was going to do when I found out what happened to my son….I think it is wonderful that this type of program exists, allowing me to have access to professional help ...

I would like to ask the legislators to keep supporting this program because it was a blessing to my family.”

Juan’s mother (Sampson County)
“We were led to TF-CBT Therapy after my daughter informed me she had been sexually abused ... without the financial assistance, I would not have been able to give her the treatment she needed.”

Danielle’s mother (Dare County)
“When Alexis arrived in my home, she had a broken arm from abuse, was very scared and had severe problems trusting anyone ... After she went into this therapy, her personality completely changed for the positive; the therapist helped her break the wall of insecurity, worthlessness and lack of self esteem.”

Alexis’ foster mom (Pitt County)
“My foster child was suffering from severe emotional trauma brought on by sexual abuse, physical abuse, emotional abuse and neglect. This therapy has made a positive impact on her life … she realizes it was not her fault and is moving on with a positive attitude.”

Foster parent (Craven County)
“Please keep this program up and running ... this program helps families rebuild.”

Adele’s mother (Pitt County)
“*I have never received a more hands-on, practical, in depth training before. It was the best training I’ve been to since graduate school.*”

Kristie, LCSW (Duplin County)
“I am able to provide more intensive treatment and healing opportunities for the victim and the entire family ... this program heals lives of children in our community. Funding should continue.”

Kelly, LCSW (Dare County)
“My entire practice has changed; my clinical expertise has been sharpened; my sessions are more focused and directed ... I am accepting more challenging cases ... I have witnessed the phenomenal results of the treatment in shorter treatment periods.”

Annie, LCSW (Wilson County)
“I now use TF-CBT with all [traumatized] clients… I have had a number of clients who have benefited from the NC-CTP funds … Thank you for all you have done and for your continuing support of my practice with traumatized children.”

Jean, LCSW (Nash County)
“I am [now] more likely to accept what would have been deemed tough, time consuming referrals.”

Steve, LCSW (Washington County)
"The TF-CBT training has allowed me to become more hands-on with the parents and has given me creative ideas to interact … I think of all the people I can touch and help them regain control of their life. Amazing! I look forward to continuing to serve as many people as I can in this field.”

Brooke, LCSW-P (Pitt County)
“It is a privilege to be a small part of this innovative, evidenced-based treatment for children who are victims of significant maltreatment.”

Raymond, Ph.D. (Pitt County)
“The TF-CBT training is well structured, organized, practical, informative and comprehensive. On-going supervision ensures the model is applied consistently and treatment remains on task. I am much more confident in my ability to prepare clients to work through sexual abuse issues.”

James, LCSW (Pasquotank County)
“I am using this model for children who have had amputation, witnessed a homicide, domestic abuse and dealing with a military-related death. It is an excellent model!”

Susan, LPA (Craven County)
"I am confident in my ability to provide TF-CBT. It has been a tremendous opportunity to apply these services to minorities."

Abigail, LCSW (Sampson County)
“TF-CBT training is equal to attending a graduate course, which has enabled me to better serve the children, families and caregivers in this rural community in northeastern NC. Thank you so much for this wonderful opportunity!”

Kristin, LPA, Gates County
“One male client, age 9, was sexually abused by an older peer and exhibited hyper-vigilance, impulsivity, excessive fears and cognitive distortions about the abuse. Post TF-CBT therapy, his behavioral control at school improved significantly. He's more at ease, less worried and no longer blames himself for the abuse.”

Jennifer, LCSW (Dare County)
”The majority of the children I see have been sexually abused by either a family member or someone very well known to the child and family prior to the assault/victimization. Several children Some clients enrolled in TF-CBT have benefited from treatment funds. Some children don’t qualify for Medicaid, and parents don’t have private insurance.”

Rebecca, LCSW (Pitt County)