

The National Child Traumatic Stress Network (Los Angeles, California/Durham, North Carolina, USA)

The National Child Traumatic Stress Network's mission is to raise the standard of care and improve access to services for traumatised children, their families and communities throughout the USA. NCTSN's goals are to define the problem of child traumatic stress; develop evidence-based, developmentally sound assessments, interventions and treatments; and work to create and co-ordinate a national network of organisations and institutions that provide services to traumatised children, their families and communities throughout the USA

NCTSN celebrated its first anniversary in November 2002 at the International Society for Traumatic Stress Studies 18th annual meeting in Baltimore. At this meeting, the NCTSN sponsored two pre-meeting institutes, and Network members made multiple presentations. The ISTSS annual meeting provides a unique opportunity for interacting with an international community of professionals dedicated to improving the lives of traumatised people, and NCTSN members are pleased to be a part of this.

The vision of the NCTSN is to:

- raise public awareness of the scope and serious impact of child traumatic stress on the safety and healthy development of the USA's children and families
- 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 traumatised children in the USA
- work with established systems of care, including physical 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 traumatised children and their families
- 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

The NCTSN is sponsored by the Center for Mental Health Services of the Substance Abuse and Mental Health Services Administration within the Department of Health and Human Services, an arm of the United States Public Health Service. The NCTSN unites the efforts of 36 organisations serving traumatised children and provides a national framework to highlight their experience, expertise and success. These links strengthen the efforts of all Network

members and improve the quality and availability of services for traumatised children.

- **Intervention Development and Evaluation programmes** (10) are primarily responsible for development, delivery and evaluation of improved treatment approaches and service delivery models within the NCTSN.
- **Community Treatment and Service programs** (26) primarily engage in implementing, in the community or in specialty child service settings, model treatment interventions and community services for children and their families who have experienced trauma.
- **A National Center**, part of the NCTSN, provides the vision, national leadership and overall organising and coordinating expertise to move the NCTSN toward its goals.

The National Center is co-administered by the David Geffen School of Medicine at UCLA, Los Angeles, California, and Duke University School of Medicine, Durham, North Carolina. Co-directors, Robert Pynoos and John Fairbank, are ISTSS past presidents.

The National Center also provides organisational support to the new Terrorism and Disaster Branch (TDB) co-located at the

University of Oklahoma Health Sciences Center and Mt. Sinai Medical Center. Designed to strengthen the USA's preparedness and response to terrorism and disaster, the TDB will strive to build a national resource to enhance the capacity to provide mental health care for traumatised and bereaved children and families after mass casualty events. The National Center also contains the National Resource Center and www.nctsn.org, a central source of information for the Network and the public on issues related to improving and expanding services for childhood trauma.

In year two, the NCTSN will strive to increase collaborative activities and establish a set of core principles for training in the screening, assessment and treatment of child traumatic stress. The NCTSN also will continue the process of getting collaborative evidence-based projects under way, take steps to increase quality of care in service settings, and develop an agenda for improving children's access to treatment.

For more information about the NCTSN, contact Christine Siegfried at UCLA, [001] 310 235 2633 X223, or Judy Holland at Duke, [001] 919 687 4686 X302. **BC**

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B O O K R E V I E W

WHEN SOMEBODY DIES

Sheila Hollins, Sandra Dowling, Noelle Blackman
London: Gaskell, 2003, 99 pp. £10.00 pb. ISBN 1 901 24290 0



Although no longer a taboo subject, there is still considerable anxiety for families, carers, teachers and others in their circle of support about discussing death and grieving with people who have learning difficulties. This book reassures and advises, giving useful contacts and references.

As with the other wide-ranging titles in the 'Books Beyond Words' series, pictures tell the story. Better perhaps to think of the pictures guiding the story. The simplistic illustrations allow for discussion of a gamut of emotions, but do not frighten or unduly distress, and it is good to find religious beliefs are not given undue

importance. Rigid adherence to the ready-made story should be avoided and the book opened at any page at any time.

The bland, stark drawings with paucity of detail do not entice reading on one's own, but that is not the book's purpose. I would find it particularly useful in group work especially with youngsters who often find sharing emotions easier with a peer group.

The book gives permission for all aspects of grief and mourning to be discussed, though it is also important to be aware that there may be very little grief, occasionally none, depending on circumstances. People with learning difficulties can understand, absorb and respond appropriately to events, even death, but the very great deal of time and numerous repetitions required from carers and counsellors are not stressed here.

However, this is a fitting and welcome addition to the Sheila Hollins' extensive publications in this field. For carers, the text, guidelines and valuable advice take away the mystique and fear surrounding the subject, allowing the 'therapist' to safely develop his or her own, often rich skills. **BC**

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