

Macy, R. D., Behar, L., Paulson, R., Delman, J., Schmid, L., & Smith, S. (2004, July/August). Community-based, acute posttraumatic stress management: A description and evaluation of a psychosocial-intervention continuum. *Harvard Review of Psychiatry* [Perspectives], 217-228.

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The Community Services Program (CSP) of the Trauma Center in Boston has developed an effective community-based psychosocial trauma intervention in metropolitan Boston. The CSP operates with the philosophy that intervention strategies should be geared toward the specific critical incident and should develop interventions according to the *community's perception* of the event. To this end, the CSP offers a continuum of psychosocial interventions geared toward helping children, youth, and their families cope with trauma.

The CSP has been in operation for the past 15 years and potentially serves 90,000 school aged children in metropolitan Boston. The CSP provides short-term, immediate interventions to help stabilize and prevent long-term psychosocial problems through a posttraumatic stress management (PTSM) program that establishes partnerships with professional providers, school-based professionals and a range of community leaders (i.e., clergy, nurses, youth workers, etc.). Working with these leaders, mental health staff assess the community's perceptions of the impact of the event—along with its cultural, social and economic impact—and thus develop an intervention best suited to a given community and its individuals. Working with mental health staff, these community leaders can also identify those who are most affected by the event (i.e., unable to regroup psychologically within a reasonable amount of time) and can encourage them to take advantage of the intervention. The first task of the PTSM intervention is to build a sense of safety among those affected by the traumatic event; it then seeks to empower community members and leaders by engaging them in “a central role in the resolution of, and community adaptation to, traumatic losses” (p. 217).

Although the PTSM is flexible enough to provide other interventions, there are generally four structured interventions provided to trauma victims: orientation sessions, stabilization groups and coping groups, and individual and dyadic counseling sessions. The CSP trains about 260 *community leaders* each year to assist with interventions; training in the PTSM program includes skill building seminars, practice, and supervised responses during actual interventions. *Professional partners* receive additional training to prepare them for triaging trauma scenes and taking leadership roles. In the aftermath of a traumatic event—such as homicide, suicide and suicide attempts, gang violence, and car and school bus accidents—trained professional partners may rely upon CSP staff for consultation and support. In other cases, the CSP may be asked to provide direct intervention.

## Program evaluation

In 2003 the CSP was independently evaluated for its effectiveness. Three assessments were conducted: (a) Twenty-nine stakeholders (i.e., political, community, and religious leaders; professionals/agency staff; and recipients of the intervention) completed qualitative, structured interviews about the quality of the PTSM and its impact on the community; (b) 63 randomly selected intervention cases were identified and, using a case-extraction protocol, researchers assessed the breadth, depth and effectiveness of the PTSM intervention, along with the staff resources expended; and (c) the effectiveness of the training provided to both community leaders and professional partners was assessed with a questionnaire.

Results of this initial evaluation were positive. Most stakeholders reported on the responsiveness of the program, the high visibility of the staff, the competency of leaders and partners in the affected community, their cultural competency, and the overall quality of the program. The case record review captured the type

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and quantity of services offered. Eight different interventions were offered, with a range of intervention techniques: 25% of the cases included consultations, debriefings and orientations; supportive services were utilized in 33% of the cases; and 15% included defusing situations during or in the wake of a traumatic event. Results of the training questionnaire also indicated the effectiveness of the CSP ( $M = 4.7$  on a 5 point likert scale). Eighty-eight percent of respondents received the basic training for community leaders, and 90% of all respondents had learned and retained the skills necessary to handle traumatic events. Further, 89% reported that their training had enabled them to intervene in other traumatic events not responded to by the CSP. Overall, 90% of trainees reported satisfaction with the program with regard to traumatic events in the workplace, and 70% found the program helpful to friends and family, followed by 56% with regard to their own community.

In conclusion, these initial findings for the CSP mark it as a program that merits further investigation. The authors write: “As in any new field, there is much work to be done to clarify theories and the practical applications of these theories, and to scientifically test models of best practice. The model presented here has evolved through practice, based on current knowledge. It has achieved some face validity and, through an initial evaluation, the beginnings of validation of its worth” (p. 227).