

PD-ABS-839  
1073..J

**CHORNOBYL CHILDHOOD ILLNESS PROGRAM**

USAID Cooperative Agreement  
121-A-00-98-00608-00

**Tenth Quarterly Report**  
August 13 - November 12, 2000

Submitted to:

Eliot J. Pearlman, M.D., M.P.H. & T.M., M.P.A.  
Senior Health Advisor

Olena Radziyevska, M.D.  
Project Officer

Ms. Alina Yurova  
Project Assistant

USAID  
Kyiv, Ukraine

Submitted by:

Medical Service Corporation International  
1716 Wilson Blvd.  
Arlington, VA 22209

December 6, 2000

6

## **INTRODUCTION**

The purpose of this Quarterly Report is to advise USAID on the progress of the Chernobyl Childhood Illness Program (CCIP) during the period August 13 - November 12, 2000. This Report will provide a review of the activities related to the Objectives, Activities and Indicators of Outcome that were presented in the CCIP's Third Year Implementation Plan.

### **1.0 INSTITUTIONAL ACTIVITIES THAT SUPPORT BOTH PROJECT COMPONENTS**

#### **1.1 Establish Ukrainian American Health Centers**

As of November 1999, all four Ukrainian American Health Centers (UAHC) have been established and are fully operational.

Opening ceremonies for the two UAHCs in Zhytomyr and Cherkassy were held during October 2000. The opening ceremonies were attended by Ukrainian Oblast Government Officials, representatives from USAID, and CCIP team members.

#### **1.2 Finalize Relationship with the Ministry of Health**

This task has been completed with the signing of a Memorandum of Understanding (MOU). Although Deputy Minister Olga Bobyliova was invited to attend the CCIP Management and Sustainability Conference held in Zhytomyr during October 2000, she was unable to attend due to other commitments. In a meeting with Dr. Bobyliova and USAID officials, CCIP staff agreed to provide her with reports on CCIP Program activities on a periodic basis. Copies of the CCIP Second Annual Report, the Policies and Procedures Manual, the MOUs between the CCIP and Oblast Health Administrations, and CCIP Public Education Campaign material have been provided to Dr. Bobyliova and the MOH.

#### **1.3 Finalize the CCIP Policies and Procedures Manual**

Although this task has been completed and the Manual translated into Ukrainian, the Manual is a document that is continually being revised and updated as required. As a result of the recent CCIP Evaluation, a number of changes will be made to the Manual in the area of disease management, protocols and incentive payments.

#### **1.4 Expand Information Activities Through School Health Programs.**

Dr. William Schwartz and his colleagues, Drs. Postipovov and Vololovets, Professors of Pediatrics from Kyiv Medical University, completed two training seminars during October in Zhytomyr and Cherkassy. The main emphasis of both programs continued to be instructing school health officials on techniques

for recognizing health and psychosomatic problems among school children that may be associated with post-Chornobyl psychosocial trauma. These include abdominal pain, headache, coughing and fatigue. As Dr. Thomas Foley was in Ukraine to attend the October Conference, he was also able to participate in both seminars.

### **1.5 Increase Public Awareness about Thyroid Cancer and Psychosocial Effects in Chornobyl Victims and the Need for Screening Children**

The objective of the Public Awareness Campaign is to disseminate information about the CCIP Program and to encourage citizens' participation in the thyroid screening program.

The Public Awareness Brochure has been finalized and approved by USAID. The Brochure was printed (200,000 copies), sent to the four UAHCs and is being distributed at relevant oblast events and through the schools, local sanatoriums, the Ukrainian-American Health Centers, and the mobile screening teams.

The CCIP video, developed in cooperation with the Ukrainian television company "Studio Plus," was reviewed and approved by USAID and the CCIP. The video has now been reproduced and distributed to the four UAHCs as well as to local oblast television stations. Inexpensive television monitors and VCRs will be purchased so that the video may be shown to the children and their families in the field while they wait to be screened by the mobile teams. The video will be available for public viewing at the Ukrainian-American Health Centers.

### **1.6 CCIP Management and Sustainability Conference**

A CCIP Management and Sustainability Conference was held October 10 - 12, 2000. The purpose of this conference was twofold. First, CCIP activities over the past six months were reviewed and members from each UAHC mobile team were invited to give a brief presentation on their progress over the quarter. In addition, Mr. Nikolai Nagorny, Chornobyl Program Coordinator from the International Federation of the Red Cross and Red Crescent Societies (IFRC/RCS) discussed the similarities between the IFRC/RCS screening program and CCIP Program.

Second, the topic of sustainability was introduced. Members from the mobile teams and Oblast Health Administrations discussed alternative approaches to continuing the CCIP and the UAHCs after funding for the CCIP ends in 2001. A key option was to assist the UAHCs to become Non-Governmental Organizations (NGOs).

In addition to CCIP American team members, three consultants gave presentations on various techniques related to sustaining the

UAHCs. Mr. Mikael Barden offered recommendations on NGO registration in Ukraine. Ms. Ellie Cox provided information on fund raising activities by NGOs and Mr. George Connors presented a discussion on NGO financial planning and management. We view this conference as the first step in a process that will develop over the next 12 - 18 months.

Plans for a second Sustainability Workshop to be held in early 2001 have begun so that the UAHCs and their potential NGO partners may continue the process of understanding the fundamentals of forming an NGO in Ukraine. In-depth presentations on fund raising, NGO registration, financial planning and organizational development will be made in a "workshop" environment so that oblast participants may obtain one-on-one practical experience.

## **2.0 THYROID CANCER COMPONENT: IMPROVE THE DIAGNOSIS AND MANAGEMENT OF THYROID CANCER**

### **2.1 Define the Size and Location of the Target Population at Risk**

The size and location of the target population at risk has been completed with the assistance of the GOU's Ministries of Emergencies and Health. Data have been provided by each Oblast Health Administration Office on the names of the contaminated victims, and the name and location of the raion schools, clinics and summer camps where the screening will occur. Based on this information, the Director of each UAHC prepares the schedule of the mobile team's screening visits. The UAHC then notifies the directors of the schools, clinics and summer camps about the proposed screening.

As can be seen by the increased screening results presented in Table 1 below, the UAHCs have become more efficient in scheduling screening visits. Greater care has been taken when scheduling sites so that there is minimal time spent in driving from one screening location to the next. CCIP's Deputy Director has also begun to work closely with the UAHC secretaries to ensure that the scheduling process becomes more effective.

### **2.2 Implement the Screening Program for Thyroid Cancer**

As of November 13, 2000, a total of 26,923 children had been screened by ultrasound and 26,880 by the Childhood Depression Inventory (CDI) in the four target oblasts. A summary of screening activity to date is provided in Table One.

**TABLE 1: SUMMARY OF CCIP OBLAST SCREENING ACTIVITIES**

OBLAST	TOTAL SCREENED: THYROID	THYROID ABNORMALITIES IDENTIFIED	TOTAL SCREENED: PSYCHOSOCIAL	PSYCHOSOCIAL ABNORMALITIES IDENTIFIED
VOLYN	7,352	200 (2.7%)	7,365	1,121 (15.2%)
RIVNE	7,736	417 (5.4%)	7,681	1,559 (20.3%)
CHERKASSY	5,515	274 (5.0%)	5,515	861 (15.6%)
ZHYTOMYR	6,320	670 (10.6%)	6,319	760 (12.0%)
<b>TOTAL</b>	<b>26,923</b>	<b>1,561 (5.8%)</b>	<b>26,880</b>	<b>4,301 (16.0%)</b>

To date, one child in Volyn Oblast has been found to have thyroid cancer. The percentage of children with abnormalities (where normal = 0.1 percent) is consistent with the percentage reported from radiation contaminated areas in other countries. The incidence of one child with thyroid cancer among 26,923 screened is considerably higher than the 1:1-2 million incidence among normal populations.

The noticeable increase in the total number of children screened to date is the result of the changes implemented during the last quarter and early in this quarter. This is due to three factors.

First, the ultrasonographers do not record the ultrasound image of the thyroid unless there is an apparent abnormality (e.g., nodule or lymphadenopathy). For example, images of hypertrophied thyroid glands are not kept, but a note is made on the child's record of this finding. This has substantially decreased the amount of time that is required for screening those children with normal thyroid glands.

Second, the monetary incentive provided to both the ultrasonographers and the psychosocial workers for each child screened over 30 per day has been implemented. This has resulted in the teams working longer hours and with greater efficiency.

Third, because the CDI and follow-up counseling done by the psychologists takes approximately three times longer than an ultrasound examination, we agreed to add a third psychologist to each team to ensure that all children screened by ultrasound obtain a psychosocial interview. With the addition of the third psychologist, all children are now able to receive both the thyroid ultrasound and psychosocial screening examination from the mobile team.

### **2.2.1 Provide Ultrasonography Training for Physicians**

The mobile team ultrasonographers have been trained on the Hitachi ultrasound machines purchased for the CCIP. Dr. Thomas Foley makes periodic visits to Ukraine to work with the ultrasonographers to ensure that the physicians are performing adequately, and that the data collected are standardized across the four oblasts. His latest visit was in October 2000 and his next trip will be in early 2001.

### **2.2.2 Finalize Data Formats and Patient ID Numbering System**

The data entry forms and the CCIP database for tracking the children screened were finalized last year and are now being used in all four oblasts.

### **2.2.3 Purchase Vans, Office Equipment and Ultrasound Equipment for the UAHCs.**

As a result of one of the recommendations presented in the CCIP Evaluation Report, we have discussed with USAID the possibility of outfitting a fifth mobile team. With USAID approval, we plan to purchase the additional van, ultrasound equipment and image recorder in early 2001. The fifth mobile team will probably be assigned to Rivne Oblast, but may also be used as a "roving" team to assist all oblasts with screening.

### **2.3 Strengthen the Referral System for Patients with Thyroid Cancer**

Referral forms for the thyroid and psychosocial components were amended last year and are now being used by the mobile screening units in all oblasts.

As stated in previous Quarterly Reports, we have been told that some patients do not follow through with the referral to a raion, oblast or Kyiv center because their families are too poor to pay for the cost of transportation and accommodations.

We have asked our CCIP Deputy Director to work with the UAHC secretaries to prepare reports on the referral process to date. These bi-monthly reports will contain the names of the referred child, the type of referral made, and the raion or oblast health organization to which the child was referred. It will be the responsibility of the UAHC secretary to contact the family, or if direct family contact is not possible, to contact the appropriate school officials, to determine whether the child and family followed through with the referral. The referral report will also contain information on the diagnostic and/or therapeutic assistance provided by the health institution. We will also monitor whether the child and family received financial assistance for travel costs associated with the referral. We

will also provide a small financial incentive to the referral physician and/or psychologist for each child seen for a referral examination.

#### **2.4 Strengthen the Thyroid Cancer Registry**

Once the screening programs were operational in each oblast, it was our plan to hire a short-term data management and network communication advisor to evaluate the existing Thyroid Cancer and Screening Database at the IEM. Our intent was to refine and expand the existing Thyroid Cancer Registry for Ukraine. Now that the MOU with the Institute of Endocrinology and Metabolism has been cancelled (see Section 1.2 of the Second Annual Report), we will postpone this task until we learn from the MOH what our options are regarding the Cancer Registry.

#### **2.5 Reevaluate and Modify the Disease Management Protocol**

Dr. Foley prepared the algorithms for the management of thyroid cancer and other thyroid diseases which the screening teams will encounter. These algorithms were incorporated into the Policies and Procedures Manual, and discussed with the oblast endocrinologists during the March 2000 CCIP Management Conference.

### **3.0 PSYCHOSOCIAL ILLNESS COMPONENT: IMPROVE THE DIAGNOSIS AND MANAGEMENT OF PSYCHOSOCIAL PROBLEMS**

#### **3.1 Strengthen the Psychosocial Institutions at the Central Level**

##### **3.1.1 Continue Working with the Medical University of Kyiv to Provide Training for School Health Officials and to Modify Training Materials**

As mentioned in Section 1.4, Dr William Schwartz continues to oversee the training program and modification of training materials to better prepare school health officials to identify problems related to thyroid disease. Dr. Schwartz and his colleagues from the Medical University of Kyiv presented two seminars in Cherkassy and Zhytomyr during October 2000. These were attended by approximately 100 physicians and school health officials.

##### **3.1.2 Continue Psychosocial Screening Program Using the Childhood Depression Inventory (CDI) as the Primary Screening Tool for Children in Target Oblasts.**

The use of the Childhood Depression Inventory (CDI) is an integral part of the CCIP psychosocial screening program. The

psychosocial workers who use the CDI find it easy to work with and simple to analyze. Based on the results of the CDI, as well as on one-on-one interviews with children, referrals are being made to local institutions for those children found to be suffering from psychosocial disorders.

The psychosocial screening program continues in all four oblasts (the results are summarized in Table 1 above). With the addition of a third psychologist to each mobile team, the gap between the numbers screened for thyroid abnormalities and psychosocial abnormalities have diminished.

The reason for the greater length of time involved with psychosocial screening is that both the CDI and an individual interview are administered to each child. Ultrasonographic screening is a much faster process than administering the CDI and providing a follow-up individual interview for children displaying signs of depression. In some instances, the mobile psychologists have encountered children who are very depressed or even suicidal. When such a child presents itself, the mobile team psychologist counsels the child immediately, as well as works with the teachers and provide consultation to the child's parents. It should be noted that such counseling was not part of CCIP's original plan. Because of the large percentage of children with significant evidence of depression and suicide, however, CCIP felt that the Program had to provide psychosocial crisis intervention during the screening visits. Thus, we added two additional psychologists to each mobile team to ensure that help was provided to the most severely depressed children.

Dr. Arthur Pressley (Drew University) visited Ukraine in October, 2000. One of his tasks during that trip was to continue to work with CCIP's Dr. Irina Grishayeva to analyze the results of the CDI exams, and to address the validity and reliability of the instrument. As the data show, approximately 16 percent of all children examined are found to be suffering from depression and have been referred to local psychologists and school psychologists/physicians for further diagnosis and treatment. Dr. Pressley will travel to Ukraine in December to continue CDI data analysis and to prepare the data for a preliminary publication.

### **3.1.3 Identify Oblast and National Centers to Which Children with Psychosocial Problems Can Be Referred. Integrate These Centers Within the Referral System for Child Victims of Chernobyl**

In light of the large number of children who on screening are found to suffer from depression, Drs. Michael Christensen, Robert Chazin and Irina Grishayeva, in collaboration with their Ukrainian colleagues, have identified several centers where the children with psychosocial disorders may be referred. Children have initially been referred to the raion level psychological centers.

For more complex problems, referrals are made to the oblast psychosocial centers, depending on individual needs and on whether the care provided at the first referral center was helpful.

As mentioned in Section 2.3 above, we are using our referral reporting system to monitor referrals made by the mobile teams.

#### **3.1.4 Integrate the Psychosocial Screening Database with the Thyroid Screening Database**

The psychosocial screening database was successfully integrated with the thyroid screening database this year.

#### **3.1.5 Psychosocial Training Programs During This Quarter**

##### **Advanced Training Session for Cherkassy Psychologists**

Dr. Arthur Pressley returned to Ukraine to conduct a four day advance training program in Cherkassy Oblast October 5 - 8, 2000. Thirty six clinical psychologists, social workers and local community professionals attended the seminar. The primary topic for this course was marriage and family therapy. Included in the seminars were discussions of substance abuse, neurological disorders, and speech problems among young children. As with previous seminars, teaching techniques included lectures, role playing and case studies.

##### **Advanced Training Session for Cherkassy Psychologists**

Dr. Pressley also worked with CCIP mobile psychologists on October 9 - 10, 2000. The purpose of this session was 1) to assist the mobile psychologists with preparing their presentations for the October CCIP Management and Sustainability Conference and 2) to present a seminar on the emotional issues related to thyroid dysfunction. The various emotional and cognitive problems that sometimes develop as a result of an under- or overactive thyroid were discussed. The purpose was to ensure that the mobile psychologists would begin to understand the connection between their work and the work of the ultrasound physicians on the mobile teams. The training is also intended to teach the psychologists to anticipate some of the early signs of thyroid dysfunction and become more sensitive to the behavioral and cognitive manifestations related to this medical problem.

A table summarizing all CCIP training activities since February 1999 is attached to this Annual Report as Attachment A.

### 3.2 Introduce and Improve Psychosocial Programs at the Oblast and Community Levels

#### 3.2.1 School Psychologist Training Programs During this Quarter

##### Zhytomyr

Drs. Robert Chazin and Meredith Hanson from Fordham University presented a five day seminar in Zhytomyr in early November 2000. This program was a basic course offered to professionals assigned to work with troubled children. The format used followed that which was developed at the start of the CCIP Program, and presented in the four prior professional trainings offered by Drs. Chazin and Hanson. The original format and content has been carefully revised after each training to more closely fit the practice needs of the trainees and address the mental health problems they confront.

Greater emphasis is now being given in the training programs to the use of assessment in developing interventions for use with the various problems confronted by these trainees in their work. The interventions now being taught draw on cognitive, cognitive-behavioral and solutions focused therapy. All are taught in the context of a strengths and ecological assessment of families and children experiencing crisis and trauma.

One significant difference in this last training was the greater mix of participants. The trainees included one school principal, four school vice principals, as well as teachers, social workers and psychologists. All were involved in counseling troubled youth. A wide array of clinical assessment and intervention instruments were presented as was done previously.

As in the prior professional training programs conducted by Drs. Chazin and Hanson, participants showed particular interest in working with severely troubled youth, particularly those youngsters suffering depression, some of whom demonstrated suicidal ideation and suicidal attempts. The trainees' reports on the prevalence of depression among youths are consistent with the reports of the professional trainees from all five previous training sessions, as well as the findings of the mobile unit outreach workers. These verbal reports are strongly supported by the data collected through the CDI. Taken together, the psychosocial training and data collection clearly identify youth depression and suicidal ideation as a critical psychosocial issue for many professionals in various mental health occupations in Ukraine.

### **3.2.2 Prepare Handouts and Family/Patient Counseling Materials on Psychosocial Problems.**

The family/patient counseling materials are being finalized by Dr. Michael Christensen.

### **3.3 Initiate and Introduce Democratic Community Psychology**

The concept of "Democratic Community Psychology" is being introduced during the training courses for the staff of the Social Service for Youth Centers in the four participating oblasts. The intent is to overcome professional-client distinctions and to promote peer counseling in the training of paraprofessionals who will serve as mental health promoters.

## **4.0 ADMINISTRATIVE ISSUES**

### **4.1 Visits to Ukraine by CCIP Team Members.**

Drs. George Contis from MSCI, Thomas Foley from the University of Pittsburgh and Michael Christensen from Drew University visited Ukraine during October 8 - 17, 2000. A number of operational and administrative issues were discussed, several of which are reviewed in detail above. The primary purpose of their trip was to attend the October CCIP Management and Sustainability Conference and the two opening ceremonies of the UAHCs located in Zhytomyr and Cherkassy. Drs. Contis, Foley and Christensen, as well as Mr. George Connors, also met with USAID officials to review the CCIP Evaluation Team's preliminary report.

In addition, Drs. Schwartz and Foley co-taught two courses for school health officials. As well as teaching the seminars discussed above, Drs. Arthur Pressley and William Schwartz attended the October CCIP Conference.

### **4.2 Screening in Slavutych**

There was no action on this activity during the quarter.

### **4.3 Resignation of Mr. Oleg Tartak**

Mr. Oleg Tartak, CCIP Deputy Project Director resigned in October 2000. Mr. Tartak was replaced by Mr. Andriy Kutlakhmetov, the CCIP Program Administrative Assistant.

#### **4.4 Employment of Mr. Andriy Kutlakhmetov**

Mr. Andriy Kutlakhmetov was hired as the CCIP Program Administrative Assistant in September 2000. Mr. Kutlakhmetov has had previous managerial experience working with the McDonald's Company. He brings to the CCIP skills necessary for improving the CCIP's referral and data collection systems, for strengthening communications with UAHC staff, and for assisting U.S. advisors with Program activities.

#### **4.5 CCIP/US Team Meetings**

Plans are being made for the third CCIP Team meeting to be held on November 30, 2000 at MSCI in Arlington, VA. The purpose of this biannual meeting is to discuss Program activities and progress. Topics on the agenda include management and administrative issues, CCIP sustainability, the preparation of a preliminary report on CCIP findings, future training plans, screening procedures and other technical and administrative issues. We have found these one day sessions to be very useful and we will continue to hold these meetings every six months to review the CCIP's activities, progress and problems.

**ATTACHMENT A: SUMMARY OF TRAINING SEMINARS**

<b>DATE</b>	<b>OBLAST</b>	<b>TOPIC</b>	<b>NUMBER OF TRAINEES</b>	<b>TRAINEE PROFILE</b>	<b>TRAINERS</b>
February 15 – 26, 1999	Kyiv	Thyroid gland pathologies	2	Ultrasonographers from Volyn Oblast	Institute of Endocrinology staff
March 24-28, 1999	Volyn	Treating post traumatic stress disorder (PTSD): coping with catastrophe; the nature of technological disasters; ordinary, chronic and traumatic stress; anxiety and depression; secondary traumatic stress and self-care for professionals; community development; mental health promotion	25	UNESCO Community Development Staff	M. Christensen, A. Pressley (Drew University) I. Grishayeva (CCIP)
March 29-April 4, 1999	Volyn	Basic training in mental health promotion: personal warmth, active listening, empathetic response, how to recognize mental illness, to whom to refer children	25	Ukraine Red Cross Staff	M. Christensen, A. Pressley (Drew University) I. Grishayeva (CCIP)
May 17 – 21, 1999	Volyn	Counseling of children and families	37	School psychologists	R. Chazin, M. Hanson, C. Cohen (Fordham University) I. Grishayeva (CCIP)
July 1 – 2, 1999	Kyiv	Screening referral and counseling of children with depression; personality theory; psychopathology; personality assessment; clinical supervision	18	Clinical psychologists	A. Pressley (Drew University) I. Grishayeva (CCIP)
July 5 – 9, 1999	Rivne	Screening and referral, basic skills in counseling, crisis intervention, suicide prevention, support groups	29	Social Services for Youth Staff	A. Pressley (Drew University) I. Grishayeva (CCIP)
September 6 – 7, 1999	Volyn	CCIP Management Conference	50	UAHC Staff and mobile screening teams	
September 26 – 30, 1999	Zhytomyr	Counseling theory and practice, group work, case management	32	Follow-up training for UNESCO Community Development Staff	M. Christensen, A. Pressley (Drew University) I. Grishayeva (CCIP)
October 1 – 5, 1999	Zhytomyr	The art of mental health promotion, group work, working with drug addicts	14	NGO leaders	M. Christensen, A. Pressley (Drew University) I. Grishayeva (CCIP)
October 19-20, 1999	Volyn	Techniques on how to recognize problems among school children that may be associated with post-Chornobyl psychosocial trauma including abdominal pain, headache, cough and fatigue	35	School physicians and school health officials	A. Volosevets, S. Krivopostov (National Medical University) W. Schwartz (Children's Hospital of Philadelphia)

November 1 – 5, 1999	Cherkassy	Counseling of children and families	41	School psychologists	R. Chazin, M. Hanson, C. Cohen (Fordham University) I. Grishayeva (CCIP)
February 9 – 12, 2000	Rivne	Counseling children and adolescents, children & cancer, child abuse and domestic violence, play therapy and young children, substance abuse, screening children for depression, group counseling	37	Sanatorium psychologists and UAHC mobile psychologists from four target oblasts	A. Pressley (Drew University) I. Grishayeva (CCIP)
February 14 – 18, 2000	Rivne	Counseling of children and families	45	School psychologists	R. Chazin, M. Hanson (Fordham University) I. Grishayeva (CCIP)
February 20 – 25, 2000	Cherkassy	The art of mental health promotion	37	Social Service for Youth Centers Staff	M. Christensen (Drew University) I. Grishayeva (CCIP)
March 11 – 15, 2000	Zhytomyr	Family systems theory and its application to family therapy and relationship consultation	37	Social Service for Youth Centers staff	W. Pressnell (Drew University) I. Grishayeva (CCIP)
March 15 – 17, 2000	Rivne	CCIP Management Conference	50	UAHC Staff and mobile screening teams	
April 5 – 6, 2000	Rivne	Techniques on how to recognize problems among school children that may be associated with post-Chornobyl psychosocial trauma including abdominal pain, headache, cough, common renal problems, anemia and fatigue	70	School physicians and school health officials	A. Volosevets, S. Postipovov (National Medical University) W. Schwartz, M. Norman (Children's Hospital of Philadelphia)
April 7 – 8, 2000	Zhytomyr	Techniques on how to recognize problems among school children that may be associated with post-Chornobyl psychosocial trauma including abdominal pain, headache, cough, common renal problems, anemia and fatigue	80	School physicians and school health officials	A. Volosevets, S. Postipovov (National Medical University) W. Schwartz, M. Norman (Children's Hospital of Philadelphia)
May 23- 25, 2000	Koristan	Advanced counseling theory and practice, group work, case management	25	UNESCO Community Development Staff	Michael Christensen (Drew University)
May 27 - 31, 2000	Zhytomyr	Advanced counseling techniques related to children, trauma, and community mental health promotion	30	Mobile psychologists and paraprofessionals from the local communities	M. Christensen, A. Pressley (Drew University), I. Grishayeva (CCIP)
June 12 - 16, 2000	Zhytomyr	Counseling of children and families	40	School psychologists and mobile psychologists	R. Chazin, M. Hanson (Fordham University) I. Grishayeva (CCIP)
July 10 - 14, 2000	Cherkassy	Advanced counseling techniques related to children, trauma, and community mental health promotion	30	Mobile team psychologists and paraprofessionals from the local communities and sanatoriums	A. Pressley (Drew University), I. Grishayeva (CCIP)

October 5 - 8, 2000	Cherkassy	Marriage and family therapy. Topics included substance abuse, neurological disorders, and speech problems with young children.	36	Psychologists and professionals from local communities and sanatoriums	A. Pressley (Drew University), I. Grishayeva (CCIP)
October 9-10, 2000	Zhytomyr	Data analysis and presentation techniques.	18	Mobile Team psychologists	A. Pressley (Drew University), I. Grishayeva (CCIP)
October 10 -12, 2000	Zhytomyr	CCIP Management and Sustainability Conference.	50	UAHC and mobile screening team staff	
October 13, 2000	Zhytomyr	Advanced techniques on how to recognize problems among school children that may be associated with post-Chornobyl psychosocial trauma including abdominal pain, headache, cough, common renal problems, anemia and fatigue.	50	School physicians and school health officials	A. Volosevets, S. Postipovov (National Medical University) W. Schwartz, (Children's Hospital of Philadelphia), T. Foley (University of Pittsburgh)
October 16 - 17, 2000	Cherkassy	Advanced techniques on how to recognize problems among school children that may be associated with post-Chornobyl psychosocial trauma including abdominal pain, headache, cough, common renal problems, anemia and fatigue.	45	School physicians and school health officials	A. Volosevets, S. Postipovov (National Medical University) W. Schwartz, (Children's Hospital of Philadelphia), T. Foley (University of Pittsburgh)
October 30 - November 3, 2000	Zhytomyr	Advanced counseling techniques related to children	35	School teachers and officials, social workers, and psychologists	R. Chazin, M. Hanson (Fordham University) I. Grishayeva (CCIP)
		<b>Total</b>	<b>1,023</b>		