

CHORNOBYL CHILDHOOD ILLNESS PROGRAM

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Fifteenth Quarterly Report
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INTRODUCTION

The purpose of this Quarterly Report is to advise USAID on the progress of the Chernobyl Childhood Illness Program (CCIP) during the period November 13, 2001 - February 15, 2002. 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 and Revised Request for a No-Cost Extension.

1.0 INSTITUTIONAL ACTIVITIES THAT SUPPORT BOTH PROJECT COMPONENTS

1.1 Establish Ukrainian American Health Centers

As of November 2001, all five Ukrainian American Health Centers (UAHC) have been established and are fully operational. The fifth UAHC has received its equipment. To date, the Kiev UAHC has screened 1,905 children for thyroid disease and 1,944 for depression

The Kiev UAHC, through its Director Professor Anatoly Cheban, is providing in-country technical support to the CCIP as well as conducting quality control analysis of screening data collected by the five UAHCs. In addition, it is planned that the fifth mobile unit will visit Slavutych to screen at-risk children living in that city and to obtain screening information on a comparison group whose families moved to the contaminated area after the disaster. No date has been set for these activities as yet.

1.2 Finalize Relationship with the Ministry of Health

This task has been completed with the signing of a Memorandum of Understanding (MOU).

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 revised and updated as required. During this reporting period, the protocols for the Quality Control Program and for the screening of children with thyroid nodules were added. (See Sections 2.2 and 2.3 for more details.)

1.4 Expand Information Activities Through School Health Programs.

There was no activity under this component during the quarter.

1.5 Increase Public Awareness about Thyroid Cancer and Psychosocial Effects in Chernobyl 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, which was finalized and approved by USAID last year, continues to be 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 also reviewed and approved by USAID. The video has been distributed to the five UAHCs as well as to local oblast television stations. The video is available for public viewing at the Ukrainian-American Health Centers.

1.6 CCIP End of Program Conference

Although no date has been set, plans have been discussed with USAID/Kiev for a CCIP end of Program briefing and USAID/Debriefing, as well as a one and one and a half day conference for a broader audience. We hope to hold these during the last week of April 2002. Recommendations for an agenda and the names of attendees (USAID staff, UAHC Directors, members of our mobile screening units, MOH and Oblast Health Administration officials, other Government of Ukraine officials and our American team members) have been submitted to USAID/Kiev for review.

For the Conference, selected individuals will be asked to present papers related on their work in the Program, outlining the methodology and the results that were obtained. Ukraine's National Center for Radiation Medicine has tentatively agreed to publish the papers presented at this Conference in its International Journal of Radiation Medicine. In addition, time has been set aside during the Conference for participants to discuss issues of sustainability and how best to continue the screening after USAID funding has ended.

The tentative Conference agenda, proposed attendees and estimated budget were submitted to USAID staff in early February for their review and comment.

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 have been identified with the assistance of the GOU's Ministries of Emergencies and Health. Data continue to be provided by each Oblast Health Administration Office on the names of the victims exposed to nuclear contamination, 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 schedules for the mobile team screening visits. CCIP's Deputy Director continues to work closely with the UAHC secretaries to ensure that the scheduling process is effective. An important aspect of CCIP's scheduling policy is scheduling sites so that there is minimal time spent in driving from one screening location to the next.

2.2 Implement the Screening Program for Thyroid Cancer

As the CCIP proceeds in its fourth year, one of the most important accomplishments of the Program continues to be the increase in the number of children screened. As of February 4, 2002, a total of 91,217 children have been screened by ultrasound and 90,375 by the Children's Depression Inventory (CDI) in the five 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	26,710	3,520 (13.2%)	26,190	2,899 (11.1%)
RIVNE	19,492	1,060 (5.4%)	19,132	4,015 (21.0%)
CHERKASSY	19,135	1,065 (5.6%)	19,135	2,497 (13.1%)
ZHYTOMYR	23,975	1,669 (7.0%)	23,974	2,437 (10.2%)
KIEV	1,905	279 (14.7%)	1,944	371 (19.1%)
TOTAL	91,217	7,593 (8.3%)	90,375	12,219 (13.5%)

As of the end of this quarter, five children (one each from Cherkassy, Kiev and Volyn Oblasts, and two from Rivne Oblast) have been found to have thyroid cancer to date. The second child from Rivne was attending a summer camp when he was diagnosed with thyroid cancer. We are arranging for the child and one parent to go to Kiev for further testing and treatment. for the His home, however, is outside of the targeted raions in Rivne Oblast. The value of thyroid screening with ultrasound at summer camps for the high risk population is underscored by the detection of thyroid cancer in this adolescent boy.

As we have stated in previous reports, the percentage of children with benign and malignant abnormalities is consistent with the percentage reported from radiation contaminated areas in other countries. The incidence of five children with thyroid cancer among 91,217 (1:18,243) screened is considerably higher than the 1:1-2 million incidence among populations not exposed to nuclear fallout.

In Table 2, the number of thyroid abnormalities are identified. The thyroid is considered abnormal when an ultrasound image shows a solitary thyroid nodule, multiple thyroid nodules, or other deformities such as diffuse enlargement, absent lobe, ectopic location of the thyroid or unusual shape of the gland.

Of particular interest to the CCIP is the number of children with single and multiple nodules. Endocrinologists have recently suggested that these lesions may be precancerous. For this reason, we believe that all children we have screened who have been found to have nodules

will require periodic screening for the rest of their lives. This finding will have important implications not only for the adolescents involved, but also for the individual Oblast Health Administrations and the Ukrainian Government as well.

TABLE 2: SUMMARY OF CHILDREN WITH THYROID ABNORMALITIES

OBLAST	NUMBER WITH SOLITARY NODULES	NUMBER WITH MULTIPLE NODULES	NUMBER WITH OTHER THYROID ABNORMALITIES
VOLYN	234	158	3,128
RIVNE	551	195	314
CHERKASSY	391	52	622
ZHYTOMYR	254	128	1,287
KIEV	28	7	244
TOTAL	1458	540	5,595

Please note that the difference between the children with abnormalities in Table 2 and the total number of abnormalities in Table 1 is due to a number of children having both a single nodule or multiple nodules, plus another thyroid abnormality.

2.2.1 Provide Ultrasonography Training for Physicians

The mobile team ultrasonographers have been trained on the Hitachi ultrasound machines purchased for the CCIP. During his visits to Ukraine, Dr. Thomas Foley continues to work with the physicians at each UAHC to ensure that the data collected are standardized across the five oblasts. His next trip is planned for early March 2002.

At the end of this quarter, Dr. Cheban and his ultrasonographers began implementing CCIP's Quality Control Program to ensure that screening and data collection is uniform and standardized in all five UAHCs. (See Section 2.6 below).

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 five oblasts.

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

The equipment for the fifth mobile team has been purchased and all equipment has been cleared from Ukraine Customs. This equipment is now located in Kiev at the Kiev City Public Organization for Assistance to National Health Reservation of Ukraine, under the supervision of Dr. Anatoly Cheban.

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.

Referral reports are now being prepared by each UAHC secretary and collated by our CCIP Computer Specialist and Administrative Assistant in Kiev. Each report contains 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 is 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 also contains information on the diagnostic and/or therapeutic assistance provided by the health institution. We are monitoring whether the child and family received financial assistance for travel costs associated with the referral. We have also begun to provide a small financial incentive to the referral physician (endocrinologist) and/or psychologist for each child seen for a referral examination.

Compliance with the referral requests has been low, reportedly because parents can not afford the transportation costs. This problem was addressed with USAID/Kiev and the UAHC Directors by Drs. Contis and Foley during their visit in November/December 2001. It was decided that a special effort would be made to reach the children with thyroid nodules. To that end, a protocol was developed (**See Attachment One**) to implement this outreach referral effort. The protocol was reviewed and approved by all five UAHC directors. This outreach effort will involve sending out a pediatric endocrinologist to examine children with nodules, and a nurse to draw blood for thyroid and hormone tests. Children requiring a fine needle biopsy will be referred to the oblast center or Kiev.

2.4 Strengthen the Thyroid Cancer Registry

After the screening programs were operational in each oblast, we expected 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 have postponed this task until we discuss with the MOH how data on our CCIP cohort will be included in the Ukraine's 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, discussed with the oblast endocrinologists during the March

2000 CCIP Management Conference. They are currently being used by all screening teams.

2.6 Develop a Quality Control (QC) Program to Ensure Standardization of Thyroid Screening Examinations.

Drs. Foley and Contis have discussed the problems of uniformity and standardization of thyroid screening examinations with the five UAHC Directors, especially Dr. Cheban. Drs. Cheban, Foley and Contis have agreed upon the final version of the standardized protocol, and it will now be used by five UAHC screening teams. (See Attachment Two.) The QC Program has now begun.

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

We anticipate that Dr. William Schwartz will return to Ukraine for the End of Program Conference and while there, he will finalize discussions with his Ukrainian colleagues.

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

The Children's Depression Inventory (CDI) is an integral part of CCIP's psychosocial screening program and its holistic approach to the child victims of Chernobyl. All children scheduled to be screened are first assessed with the CDI. Approximately 88 percent of those children are then individually interviewed by one of the three mobile psychologists. Based on the results of the CDI and individual interviews, about 21 percent of the children are counseled by the mobile psychologists. In Table One, the difference between the number of children screened for thyroid abnormalities and those screened for depression is due to the fact that only one mobile psychologist was attached to the screening team at the beginning of the Program. There was insufficient time for that lone psychologist to screen all children. As a result, CCIP engaged two additional psychologists for each mobile team. Now, the number of children screened for depression is approximately equal to those screened for thyroid abnormalities.

Based on the results of the CDI, as well as one-on-one interviews with children by the mobile team psychologists, children with depression are referred to local institutions. In addition, the mobile team psychologists provide immediate crisis intervention counseling to children found to have moderate to severe depression. While crisis intervention was not part of CCIP's initial program design, we have now realized that counseling during the screening process is one of the CCIP's most valuable support activities provided to the children at risk.

As the psychosocial screening program data from all five oblasts show, **12,219** or **13.5** percent of all children examined are found to be suffering from depression (the results are summarized in Table 1 above). Of this number, 10,610 or 11.7 percent have been referred to local psychologists and school psychologists/physicians for further diagnosis and treatment.

Dr. Arthur Pressley (Drew University) returned to Ukraine in December, 2001. During the visit, he worked with CCIP's Dr. Irina Grishayeva to analyze the results of the CDI exams. He also met with the mobile screening psychologists to provide reinforcement training. The focus of his visit, however, was the training of community leaders, local professionals working with children, and school personnel to augment mental health services to rural communities. Dr. Irina Grishayeva and Dr. Pressley will continue to work with these individuals during the remainder of the CCIP to ensure they are able to pursue the goals of the program after funding for the CCIP ends.

An updated Training Summary Table is **Attachment Three** of this Report.

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 Chornobyl

As a large number of children are found to suffer from depression, the CCIP, in collaboration with their Ukrainian colleagues, has identified several centers where the children with psychosocial disorders may be referred. Children are initially referred to the raion level psychological centers. For more complex problems, referrals are made to the oblast psychosocial centers.

As stated in Section 2.3 above, we are using our computerized referral reporting system to monitor referrals made by the mobile teams. The stigma associated with psychosocial disease continues to be a problem. We have received reports that children are reluctant to tell their parents about their depression because they fear they may not be allowed to seek professional help. These factors may be keeping children from obtaining follow-up care from a local psychologist. As a result, we are closely monitoring the consultant reports coming in from psychologists to whom our teams are referring children with psychosocial problems.

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 during Year Two.

3.1.5 Psychosocial Training Programs During This Quarter

There were no psychosocial training programs during this quarter.

3.2 Initiate and Introduce Democratic Community Psychology

As mentioned above, Dr. Arthur Pressley worked with a group of lay professionals and community leaders from the four target oblasts during December 2001 as part of the "Democratic Community Psychology" training program. It is planned that these lay people will become the first contact for depressed children in their communities which is important for the sustainability of the psychosocial component of the CCIP. We will continue to provide reinforcement training to local representatives from each oblast to ensure that they, in turn, can work with and train leaders from local communities to offer initial counseling and support to children experiencing depression. We anticipate that Dr. Pressley will teach one final seminar either immediately prior to, or following, the end of program Conference tentatively scheduled for April 2002.

4.0 ADMINISTRATIVE ISSUES

4.1 Visits to Ukraine by CCIP Team Members.

Dr. Thomas Foley from the University of Pittsburgh and Dr. George Contis from MSCI visited Ukraine during November 28 - December 6, 2001. A number of operational and administrative issues were discussed with USAID staff, CCIP staff and UAHC Directors.

ATTACHMENT ONE:

CHORNOBYL CHILDHOOD ILLNESS PROGRAM (CCIP)

**PROTOCOL FOR THE
DIAGNOSIS AND TREATMENT OF CCIP PATIENTS WITH
THYROID NODULAR DISEASE**

I. Plan to Improve the Diagnosis and Treatment of CCIP Patients with Thyroid Nodular Disease

Because travel to the oblast health centers and/or Kyiv have proven to be too expensive for the majority of CCIP patients referred for diagnostic tests and treatment of thyroid nodular disease, CCIP is implementing the following modifications to its program.

II. Follow-up Visit by An Endocrinologist to Examine Patients at Local Schools

For patients found to have suspicious single or multiple nodules in Volyn, Rivne, Cherkassy and Zhytomyr Oblasts, a follow-up visit will be performed by an Oblast Pediatric or Adult Endocrinologist. One among a group of Endocrinologists will be assigned by the Oblast Health Administration to serve as the Endocrinologist for this follow-up visit.

The UAHC Secretary will make the arrangements for the visits. These will be performed at schools near where the patients live. The UAHC Secretary will contact the principals of the schools for assistance in scheduling the visits and advise the patients and their parents about the appointments. To conserve time and resources, schools will be selected which are within a convenient distance for several patients. The school principal will be asked to arrange for a school, raion, or volunteer Red Cross nurse or phlebotomist to be available to assist the Endocrinologist and the patient, and to draw blood for thyroid tests as required.

The Endocrinologist will meet the patient and parent at the school. The medical problem will be explained, a medical history obtained, and a clinical examination performed. The Endocrinologist will explain the presumptive diagnosis and either prescribe treatment or arrange for a referral to the Endocrine Center in the oblast or to the Scientific Center of Radiation Medicine (SCRM) in Kyiv for further diagnostic examinations, Fine Needle Aspiration Biopsy (e. g., FNAB), and treatment.

If the school principal and UAHC staff believe that there is good reason why the parent can't come to the school with his/her child (for example, there is a physical handicap), the patient will be evaluated at home. The arrangements for home visits by the Endocrinologist will be made by the UAHC Secretary.

The UAHC will arrange and pay for a rental car and driver for the visits of the Endocrinologist and will pay the Endocrinologist a fee for each patient seen and a per diem for travel.

III. Follow-up Visit by the Patient to the Oblast Endocrine Center or the Scientific Center of Radiation Medicine in Kyiv.

For the patients who require more definitive evaluation such as FNAB and treatment, a second follow-up visit will be scheduled for the patient at the Oblast Endocrine Center or the SCRM in Kyiv. The patient and one parent will be provided with a one-way train/bus ticket to the Oblast Endocrine Center or to the SCRM. After the patient evaluation has been completed, the UAHC Secretary will go to the Oblast Endocrine Center or SCRM and provide the per diem and return train/bus ticket payment to the parent and patient.

IV. Reimbursement for Thyroid Blood Tests

CCIP will cover the expenses for specific thyroid blood tests required to clarify the diagnosis of CCIP patients. The approved tests are serum TSH, thyroid peroxidase (TPO) antibodies and thyroglobulin (TG) antibodies.

Thyroid cancer marker tests at the time of an initial evaluation usually are not necessary. Serum thyroglobulin (Tg), however, is approved as a test for patients who are referred for FNAB.

When these blood tests are indicated for a patient, they will be performed at the oblast centers which have the laboratory capability, or the serum will be sent by courier to the Scientific Center of Radiation Medicine in Kyiv. When both blood tests and FNAB are indicated, the patient will be referred to the SCRM in Kyiv (see below).

The CCIP Secretary will provide payment to the blood testing laboratory at the same time the parent and patient are given their per diem and return train/bus tickets.

V. Reimbursement for the FNAB Procedure

The FNAB may be performed at these centers:

1. An oblast hospital or diagnostic center where there is extensive experience with FNAB;
2. The Scientific Center of Radiation Medicine in Kyiv.

The cost of the FNAB procedure will be paid by the CCIP Program.

VI. Reimbursement of Travel Expenses

A patient and his/her accompanying parent who must travel to the Scientific Center of Radiation Medicine (SCRM) in Kyiv, may find it more convenient to use train service from the northern raions. In most instances, the patient's evaluation can be completed in one day and he/she can return home the same evening. Reimbursement will be provided for one round trip by train or bus to and from the home and the SCRM in Kyiv for the patient and one parent or relative.

For travel within the oblast, transportation by bus to the oblast hospital or diagnostic center may be more convenient. The patient's evaluation can be performed during the late morning and early afternoon so that he/she can return home on the same day.

Reimbursement will be provided for one round trip by bus between the patient's home and the oblast hospital or diagnostic center. One day's per diem will be provided for each patient and one parent or relative when they are required to overnight at the oblast center. There is no charge for an overnight accommodation at the SCRM.

VII. Referral for Surgery to the Scientific Center of Endocrinology and Metabolism in Kyiv.

Children found to have a suspicious thyroid nodule(s) which requires surgery will be referred to the Institute of Endocrinology and Metabolism (IEM) in Kyiv.

Travel expenses to and from Kyiv will be provided by CCIP to the patient and one parent or relative.

CCIP cannot provide reimbursement for any other expenses related to thyroid surgery at the IEM, as these are paid for by the Ukrainian government.

ATTACHMENT TWO:

CHORNOBYL CHILDHOOD ILLNESS PROGRAM

A QUALITY CONTROL PROGRAM FOR CCIP PATIENTS WITH THYROID NODULE(S) ON THYROID ULTRASOUND EXAMINATION

- I. The Chernobyl Childhood Illness Program (CCIP) is instituting a Quality Control (QC) Program to assess the uniformity and accuracy of thyroid nodule evaluation and diagnosis based on ultrasonographic examinations conducted by Ukrainian American Health Centers (UAHC). This QC Program will be supervised by the CCIP/Kiev office and implemented by UAHC-Kyiv.
- II. CCIP will identify abnormal thyroid ultrasound images that are reported to have thyroid nodules. These images will be stored on computer discs. The CCIP Office Staff will transfer these images to separate CDs that are designated for review by the QC Program. These CDs and will be sent to and retained at the UAHC-Kyiv office.
- III. The QC review process will be performed blindly so that the QC Reviewer does not have access to any clinical information on the subject, and does not know the original ultrasonographic diagnosis nor the name of the ultrasonographer who performed the initial ultrasound examination. Only one or two thyroid ultrasonographers will be assigned as QC Reviewers so that they also may review images from the UAHC-Kyiv mobile screening program.
- IV. Following the review of each patient's ultrasound image(s), the QC Reviewer will prepare a report which will describe any abnormal findings in detail and specify a diagnosis for each patient.
- V. After the ultrasound images have been reviewed by the QC Reviewers and a report on each image is prepared, the results will be compared with the initial report. If there are differences in the interpretations, the report of the QC Reviewer will be discussed with the UAHC ultrasonographer who performed the initial ultrasound examination. From this discussion, uniform diagnostic criteria and standard terminology will be established. The review by a third,

independent thyroid ultrasonographer may be desirable in order to clarify any disagreements in interpretation and to attain a consensus opinion.

- VI. After the abnormal ultrasound images have been subjected to QC Review, a Final QC Report will be filed with the CCIP Office and the UAHC Directors. Each UAHC will then determine if all patients with a thyroid nodule(s) have been evaluated by an Endocrinologist. If not, the UAHC Secretary will contact the patient and his/her and family to schedule an evaluation by an Endocrinologist.

- VII. CCIP will pay the QC Reviewers 6 Hrv for each ultrasound image reviewed. The QC Reviewers will be paid an additional 400 Hrv to assemble and correlate the data, discuss the QC Reviewers' findings with the UAHC ultrasonographers, and prepare the Final QC Report.

- VIII. If there are specific problems with initial ultrasound examinations or QC interpretations that may require changes in the procedures, Dr. Anatoly Cheban, in consultation with the CCIP Medical Advisor (Professor Thomas Foley) and CCIP's Director (George Contis, M.D.), will determine what modifications are required.

ATTACHMENT THREE:

SUMMARY OF TRAINING SEMINARS

DATE	OBLAST	TOPIC	NUMBER OF TRAINEES	TRAINEE PROFILE	TRAINERS
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 and 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. Presnell (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)
April 26 - 27, 2001	Kiev	CCIP Management and Sustainability Conference.	10	UAHC Directors, Secretaries and CCIP Kiev Staff	
June 10 - 14, 2001	Zhytomyr	Brief Treatment for Depressed Adolescents	35	Health Professions from the four Oblasts	R. Chazin, M. Hanson (Fordham University) I. Grishayeva (CCIP)
July 2 - 6, 2001	Zhytomyr	Training of Community Leaders so that they may Provide Mental Health Services to Rural Areas	30	Community Leaders	A. Pressley (Drew University), I. Grishayeva (CCIP)
July 7 - 9, 2001	Kiev	Reinforcement Training for Mobile Psychologists	20	Mobile Screening Psychologist	A. Pressley (Drew University), I. Grishayeva (CCIP)
October 28 - November 3, 2001	Zhytomyr	Advanced Training for Treating Depression in Adolescents.	35	School Psychologists and Other Health Professionals	R. Chazin, M. Hanson (Fordham University) I. Grishayeva (CCIP)
December 10 - 14, 2001	Zhytomyr	Reinforcement Training of Community Leaders on Mental Health Support Services in Rural Areas	32	Mobile Team Psychologists, Psychologists, Teachers and Community Leaders	A. Pressley (Drew University), I. Grishayeva (CCIP)
		Total	1,185		