

Child Traumatic Stress: CHDI's Response to a Public Health Crisis

"The single greatest way to prevent a traumatized child from developing future mental illness and other compromised health issues is to effectively treat their traumatic stress."
-Bob Franks, trauma expert & Director of the Connecticut Center for Effective Practice at CHDI.

National Crisis

While most would agree that children should live without violence or harm, this is unfortunately not the case. Nationally, 71% of children report exposure to one or more potentially traumatic events by the age of 17 - including sexual abuse, physical abuse, violence, death of or separation from a caregiver, and others[i]. Children exposed to trauma are at increased risk of mental health, behavioral, and substance abuse problems that can impair their development and ability to function in the community and at school. Further, these children are more vulnerable to negative health outcomes through adulthood, including heart disease, diabetes, substance abuse, mental illness, suicide, and early mortality. The estimated costs to society of childhood trauma exposure are \$103 billion annually[iii].

In response to growing recognition about these personal, familial, and societal costs, the Substance Abuse and Mental Health Services Administration's (SAMHSA) [National Children's Mental Health Awareness Day](#) on May 9 is focused on increasing awareness about childhood trauma and treatment resources. Fortunately, there are evidence-based treatment models for child trauma victims that can reduce or eliminate the long-term health risks of trauma exposure. Unfortunately, until recently these treatments have not been widely available in Connecticut or throughout the nation.

Connecticut's Response

Here in Connecticut, the [Child Health and Development Institute of Connecticut \(CHDI\)](#) has been instrumental in improving awareness and availability of effective treatments for child traumatic stress. Over the past five years, the [Connecticut Center for Effective Practice \(CCEP\)](#) at CHDI, in partnership with Connecticut Department of Children and Families (DCF) has helped build a statewide infrastructure to more effectively treat trauma-related difficulties in kids. CHDI and DCF are also currently engaging in a range of activities to improve services for children suffering from traumatic stress in the child welfare system, including: training for staff, enhancing screening and assessment, cross-system collaboration, and increased access to evidence-based treatments for children and families. In addition to efforts focused on systems change, CHDI has created a website for parents seeking information on children's mental health issues, (www.kidsmentalhealthinfo.com), which includes information about trauma and a list of current Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) trauma treatment centers in Connecticut.

Building a Statewide Network of Evidenced-Based Trauma Treatments

- From 2007-2010, 16 community mental health agencies across Connecticut were trained to provide [TF-CBT](#), an evidenced-based trauma treatment, through an initiative funded by DCF and coordinated by CHDI.
- Over the next five years, 10-12 more community providers and congregate care facilities in Connecticut will be trained to provide TF-CBT; and an additional 12 providers throughout the state will be trained in the Yale Child Study Center's brief Child and Family Traumatic Stress Intervention (CFTSI). Funding for this expansion

is part of a five-year, \$3.2 million federal grant to DCF from the Administration for Children and Families, establishing the statewide **CONCEPT** initiative.

- The goal of CONCEPT is to expand trauma-focused care for children in the child welfare system and across the state of Connecticut. CCEP is serving as the Coordinating Center for this initiative and will improve access to care through the dissemination of best practice models, training and workforce development and the implementation of a universal screening system for children in the child welfare system.
- Children served by DCF have often been victims of multiple traumas, and experience high rates of Posttraumatic Stress Disorder (PTSD). The CONCEPT initiative is working to ensure that within five years, all children in the child welfare system will be screened for trauma and benefit from a trauma-informed workforce that is more knowledgeable about child traumatic stress.
- Beginning this summer, children who have a parent or caregiver arrested may benefit from a new evidence-informed collaborative model called **REACT**. CCEP is developing and piloting the REACT model to support children, minimize traumatic stress, and maintain healthy family relationships.
- Families of young children living in high-risk environments are able to access the services of **Child FIRST** in 10 communities throughout Connecticut. Child FIRST decreases emotional disturbances, developmental and learning problems, and child abuse and neglect. CCEP supported the statewide dissemination of the evidenced-based Child FIRST model using the Learning Collaborative approach.

Workforce Development, Training and Screening Tools

- Connecticut's pediatric providers have a new resource to help them identify child traumatic stress and connect patients to effective treatment through CHDI's trauma module for the Educating Practices in the Community (**EPIC**).
- The state's Emergency Mobile Psychiatric Services (**EMPS**) providers are trained in identifying and handling children who have experienced trauma. CCEP operates the EMPS Performance Improvement Center, which has developed and provided trauma training since 2009.
- Teachers and school administration staff at 13 schools across the state have been trained to recognize behavioral health needs of children as part of an overall plan to prevent and reduce school arrests through CCEP's School-Based Diversion Initiative (**SBDI**). SBDI will continue to expand to serve two additional school districts next year.

For more information about this topic, please contact Jason Lang at 860-679-1550 or jalang@uchc.edu.

i Finkelhor, 2005

ii Wang, C. T., & Holton, J. (2007)