



Building a Trauma-Informed Child Welfare System

The Connecticut Collaborative on Effective Practices for Trauma (CONCEPT)



Connecticut has made significant progress to ensure that trauma-informed care is part of its child welfare system. The majority of children in the child welfare system have been exposed to trauma, including physical abuse, sexual abuse, and chronic neglect. The costs of maltreatment and trauma to children, families, and society at large are profound:

- Each year in the United States, more than 6 million referrals are made to the child welfare system and more than 600,000 of these children are determined to be substantiated victims of abuse or neglect.
- Among children in the child welfare system, 85% have been exposed to at least one potentially traumatic event and most have experienced multiple forms of trauma.
- Children exposed to trauma experience significantly higher rates of chronic health and mental health problems, impaired academic performance, and involvement with juvenile justice and adult criminal justice systems.

- The costs to society of children maltreated in a single year are \$124 billion in future health-care and social service costs.

Trauma-Informed Care Leads to Cost Savings and Better Outcomes for Children

As policymakers and providers have gained a better understanding of the adverse effects of trauma exposure and the benefits of treatment, there has been increasing support at the national and state level for early identification, intervention, and development of sustainable systems that support “trauma-informed care.” The goal of trauma-informed care is to enhance systems to better understand, identify, and serve children exposed to trauma through efforts including training, screening, policy development, and access to evidence-based interventions.

Connecticut’s Approach to Addressing Trauma

The Connecticut Department of Children and Families (DCF) has emerged as a national leader in addressing childhood trauma. In 2011, the federal

government awarded DCF with a 5-year \$3.2 million grant to develop the Connecticut Collaborative on Effective Practices for Trauma ([CONCEPT](#)). Support for CONCEPT was provided by the Department of Health and Human Services, Administration for Children and Families, Children's Bureau, Grant #90CO1069. Partners include DCF, the Child Health and Development Institute, which serves as the Coordinating Center, and The Consultation Center at Yale University, which serves as the CONCEPT evaluator.

The CONCEPT initiative has helped to advance four core components of a trauma-informed child welfare system:

- **Workforce development:** More than 2,300 DCF staff members have received a required, comprehensive training in childhood trauma using the National Child Traumatic Stress Network's (NCTSN) Child Welfare Trauma Training Toolkit. Training evaluations demonstrate significant improvements in DCF staff knowledge and practices concerning trauma.
- **Trauma screening:** All children aged 6 and older who are placed into DCF care are now administered the Connecticut Trauma Screen (CTS). The CTS is a 10-item screening measure for children 6 to 17 years old that examines trauma experiences and symptoms and can be administered by professionals in child welfare, juvenile justice, health, and behavioral health systems. More than 2,400 children have been screened to date (800 in child welfare), and referrals for specialty trauma-focused services are being made.
- **Dissemination of evidence-based treatments:** CONCEPT has helped to support training of [30 agencies](#) and more than 600 clinicians to offer Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) and the Child and Family Traumatic Stress Intervention (CFTSI). More than 5,500 children across Connecticut have received these treatments, including many involved in the child welfare system. Evaluation outcomes indicate significant reductions in symptoms of posttraumatic stress and depression.

- **Trauma-informed policy:** The CONCEPT initiative has contributed to modifications of 34 DCF policies and practice guides to better address childhood trauma. For example, policies related to immigrant children, foster and adoptive services, and transgender youth and caregivers have been revised to ensure that DCF caseworkers consider children's exposure to trauma and how it may affect their current functioning.

Recommendations for Advancing a Trauma-Informed Child Welfare System

Through CONCEPT, Connecticut has helped improve outcomes for children exposed to trauma by leading enhancements in the areas of workforce development, screening, evidence-based treatments, and policy changes. Recommendations for furthering trauma-informed care in the child welfare system include:

- Expand collaboration between the child welfare and behavioral health systems through cross-training and alignment of case plans and services across systems
- Expand trauma screening for all children who come into contact with the child welfare system, including children under age 6 and children who are not placed out-of-home
- Advance policy and reimbursement strategies that support dissemination and sustainability of evidence-based treatments, including models specifically designed for children under age 6
- Support research to better understand the effects of trauma informed care on child and family outcomes

For more information, visit www.chdi.org, read CHDI's [IMPACT: Advancing Trauma-Informed Systems for Children](#), or contact Jason Lang (jalang@uchc.edu, 860-679-1550) or Kim Campbell (kcampbell@uchc.edu, 860-679-2907). Visit [CHDI's Evidence-Based Practice Directory](#) to find sites offering some of the evidence-based practices available in Connecticut.